THE

# Journal of the American Medical Association.

EDITED UNDER THE DIRECTION OF THE BOARD OF TRUSTEES.

PUBLISHED WEEKLY.

VOL. XV. CHICAGO, DECEMBER 6, 1890. No. 23.

## ORIGINAL ARTICLES.

### HAS PROGRESS BEEN MADE IN THE MEDICINAL TREATMENT OF TYPHOID FEVER?

*Read in the Section of Practice of Medicine, Materia Medica and Physiology, at the Forty-first Annual Meeting of the American Medical Association, at Nashville, Tenn., May, 1890.*

BY T. J. HAPPEL, A.M. M.D.,

OF TRENTON, TENN.

EX-PRESIDENT TENNESSEE MEDICAL SOCIETY.

Almost semi-annually the medical public is treated to announcements of new remedies that are either infallible cures for, or at least very largely diminish the death-rate in many diseases, most notably, continued fevers. At once the enthusiasts rush into the field of experience and soon medical journals teem with reports of successes, beyond expectation from every quarter. These reports grow less and less favorable. The roseate hue disappears, and soon opposite reports begin to fill the pages of the same journals and finally the pendulum swings to its furthest point and begins to return.

The result is a few advocates of the theory remain; but the large majority, disappointed, return to their old modes of treatment. The question naturally arises: *Cui bono?* Does good result from such experimental work? I answer promptly, "Yes." Again and again a new and plausible theory is advanced to take the same course just outlined, with the same result. Well, if there is good, in what does it consist? Finding that failure so often attends the use of new systems and modes of treating diseases, the physician begins to investigate his cases more closely, finds that frequently the proposed mode of treatment cures some cases, but they are not typical cases of the disease under consideration. In fact, a careful diagnosis would show that those cases cured were not cases of typhoid fever, but were cases of some of the types of so-called malarial fevers. I would suggest then at the very outset of what I may have to say, that everything depends as to cures and curative measures upon a careful diagnosis of all cases treated. Too often the physician falls into a routine diagnosis, as well as a routine way of making a diagnosis. One physician diagnoses all cases of fever as "typhoid fever" which do not respond to his usual remedies of quinine and calomel for remittent fever; another — one in my circle of friends, a gentleman of high professional standing, asserts that when he has given 20 grs. of quinine night and morning for several consecutive days and fails to arrest the fever he is sure that he has to deal with a case of typhoid fever.

In my limited experience, I have seen a number of such cases under such circumstances,— cases which refused to respond to either ordinary or heroic doses of quinine — yet the progress of those cases through a siege of from three to eight weeks, proved conclusively that they were not cases of typhoid fever. There was but one point of resemblance to typhoid fever throughout their whole course, and that was their duration. Rarely are post-mortem examinations to be had in such cases, but in the few made, none of the typical lesions of typhoid fever have ever been found, showing that they were not cases of typhoid fever.

Before, then, entering upon a discussion of the treatment of these fevers, and especially of typhoid fever, a careful and painstaking examination and investigation of their clinical history must be made with a view to diagnosis between typhoid and continued remittent fevers. When we are certain as to the nature of the disease with which we have to contend, then and then only are we ready to discuss the treatment. In the continued remittent fevers, many cases of which have been met with in the last few years in West Tennessee, where the whole history of the attack can be gotten from a careful observer, no difficulty in diagnosis can be experienced, but otherwise, it is very difficult.

In an article on "Typho-Malarial Fever, so-called," read by me before the State Medical Society of Tennessee in 1886, (See Transactions of that year, pages 85 and 86) I reported the only two cases of this form of continued fever which I had seen or treated up to that time: since then I have met with a number of such cases, the duration of which, and their resistance to the action of quinine in large and small doses would have led one to infer that they were cases of typhoid fever, but when the clinical history of the cases were taken, there was no longer any ground upon which to

found a belief that they were typhoid. The diagnostic features of that disease were wanting. In the majority of the cases, there was no tympanitic distention, except from occasional errors of diet, no gurgling, no rose colored spots, no hæmorrhages from the bowels, no epistaxis, no low muttering delirium, such as is so often met with in typhoid fever; and above all, the temperature chart in all cases showed too great a morning and evening variation.

Another marked peculiarity of the cases was the tendency towards prolonged cold stages in the third, fourth, and fifth week of the disease, with no proportionate febrile reaction — the stages — the paroxysms, being usually an indication of a change in the character of the fever from a remittent, to an intermittent type and the beginning of a rapid improvement. There was shown a disposition to relapse in some of the cases. The prognosis was favorable. I met with but one fatal case in my own practice, and death in that case resulted from congestion of the lungs due to imprudent exposure in an algid condition.

As stated previously, a careful review of the whole clinical history of those cases satisfied an impartial observer that they were not cases of typhoid fever, and I can find no better name for them than that of continued remittent fever.

In a paper read before the West Tennessee Medical Society by one of its members, he reported a large number of cases of typhoid fever treated by him in and around Martin, Tenn., and cured by administering to them early in the disease calomel in full doses, followed by quinine in 30 gr. doses night and morning for several days. Not a case terminated fatally, but the fever rapidly yielded— was aborted — cured by the calomel and quinine treatment.

A physician living in a neighboring town in discussing the paper stated that his practice overlapped that of Dr. ——, and that *he* had seen scarcely a case of genuine typhoid fever that season, but had met with a number of cases of remittent fever that had resisted ordinary methods and had been protracted to three or four weeks or more, and that these cases were among the very ones denominated "typhoid" by the author of the paper. The surroundings of the town were such as to give rise to cases of continued remittent fever, the adjacent country and the town itself being almost one large saw mill. Sawdust lay around decomposing in every direction, whilst, it being a new place, there was little or no animal matter to pollute the water supply or poison the air.

Now with the statements made, and proof adduced, I think we are ready to briefly review some of the different methods of treating typhoid fever and compare the results obtained thereby, carefully excluding cases of continued remittent fever.

In the early days of West Tennessee there were no cases of typhoid fever. In the memory of some of the older practitioners, the impression made upon them, by the first cases of that type of fever with which they came in contact, are very vivid. It was a disease of which they had read, but with which they had no experience and the treatment of those cases by calomel and jalap followed by active purgatives, bleeding, and quinine, generally produced fatal results. That was the course then pursued with the malarial fevers which they treated. The failure of remedies that they considered infallible, led them to investigate more closely their cases, and they soon found that they had a distinct fever, to treat different in many respects from what they were pleased to call their bilious fevers.

The lancet, calomel, and quinine were soon recognized as failures, the mortality being high, nearly fifty per cent. of the cases so treated dying. The lancet was with reluctance discarded and still the cases died. Active purgatives were abandoned. Later on we were taught that mercury given in some form, and continued long enough to produce slight ptyalism was highly recommended. In connection with this treatment we were taught that inasmuch as the disease was a self-limited one, and inclined to continue for a long time, the *general* abstraction of blood was to be avoided, but local bleedings were highly commended. Leeches and cups were to be used over painful tender spots. Attention was called to alimentation, and proper forms of food were discussed. Conjoined with this plan of treatment, turpentine was directed as an agent to stimulate the healing of the ulcerated glands and for the relief of gas, etc.

The mortality tables show an improvement — the percentage of death was still high and the specific was not yet found. Prof. Wood asserted in his work on "Practice," edition 1860, that all cases recovered where the remedy was begun with early and continued without cessation throughout the disease, but such was not the success of others — the mortality reaching from ten per cent. to thirty per cent.

It would be a work of supererrogation to refer to all the different modes of treatment, heralded to the world as specifics for typhoid fever.

The acid treatment was recommended by high authorities as the most rational mode of procedure and statistics were adduced to prove that it was the best of all. But as in the case of other remedies, other users of it did not obtain the same happy results.

We were taught that the high temperature was an important factor in producing fatal results, and cold or tepid spongings; the packing process, veratrum veride, aconite, and other remedies were strongly advocated by some in high positions in the medical profession, but they too met the same fate as the others already named.

One set of statistics proved that the percentage of fatal cases was reduced, whilst another, satisfactorily established the other side of the case.

Salicylate of soda was to work miracles in curing cases of typhoid fever, by virtue of the many properties that it possessed, not existing in any other one remedy. But alas, many of us found to our sorrow that cases where it was persistently used terminated more frequently in hæmorrhage from the bowels, than where any other remedies had been tried. So that, in the opinion of the writer, the remedy proved to be a step backward.

Again, the fatal results in typhoid fever were claimed by some authorities to be due to the accumulation of effete, septic material thrown off into the alimentary canal by the ulcerating patches and glands, and that the remedy for this condition was to keep the bowels moving loosely several times a day. Hence small doses of magnesia sulphate or of soda bitartrate were recommended; or, if there were reasons for avoiding a purgative, the daily use of the syringe. But the death-rate did not, to put it mildly, decrease.

Another process more recently pressed as an agent capable of reducing the death-rate to 3 per cent. or even less, is that of cold bathing as recommended by Brandt. This cold bathing of Brandt must not be confounded with sponging, cold-packing, or other forms of cold bathing. To accomplish the results claimed for it, all the minutiæ of the plan must be attended to, the tub must be brought to the bedside and filled two-thirds full of water. The bathing must be begun early, *even before a diagnosis can possibly be made*. I would suggest just at this point that the longer before a diagnosis can be made, the bathing is begun, the greater the per cent., *me judice* of cures, because the greater the number of febriculæ and simple continued fever cases you are apt to have to treat.

At a recent meeting in New York City of the Section on Practice of the Academy of Medicine, Dr. Simon Baruch read a review of the many discussions of the treatment of typhoid fever, and closed with an earnest appeal for the adoption of the cold-water treatment as recommended by Brandt. According to Dr. Baruch the cold bath works wonders. It reduces temperature, strengthens the action of the heart, deepens respiration, increases the action of the kidneys and skin, and improves digestion, and creates a desire for solid food. All of which brightens and strengthens the patient and *post hoc, ergo propter hoc*, must prevent the accumulation of effete material in the system.

Dr. Baruch gave an elaborate description of what constituted a cold bath *a la* Brandt, as contra-distinguished from the wet pack, cold sponging, cold effusions, and the various methods in vogue of applying either tepid or cold water to fever patients. For a description of this method, reference is made to the *Medical and Surgical Reporter* of March 29, 1890, page 380. The mode of using is a complicated one requiring the aid of at least four helpers, two for day and two for night service. The plan could be carried out only in a well regulated and thoroughly equipped city hospital, and hence would avail but little to the general practitioner in private practice outside of a city. But while the rationale sounds well, and the best results have been reported by Brandt, Vogt, and Bouveret, a mortality of less than 3 per cent. being reported, we are forced to admit with all the evidence before us, that the case is not proven.

There is not a practitioner here present, who, if he will make it a rule to treat *every* case of fever with systematic bathing conjoined with quinine, could not make equally as favorable an exhibit. Stress is laid upon the commencement of the bathing process before a diagnosis can be made. This is an important point. If we wait until we are fully satisfied that we have a case of typhoid fever to treat, we will find that Brandt's method will offer no advantages over former methods of treatment when the great inconvenience attending the use of it is considered. Its advocates must at least admit that it is, as yet, *sub judice*.

The only way in which reliable statistics can be obtained in regard to curative measures in the treatment of typhoid fever is to exclude all cases classed as doubtful from our calculations.

As intimated in the early part of this paper, it is strange how two practitioners of medicine having fever cases in the same neighborhood will meet with such different types of disease. One will denominate all of his cases typhoid because they refuse to yield promptly to ordinary treatment, and the other reports his as obstinate cases of remittent fever. One or the other is mistaken, and where the surroundings all favor the development of the malarial fevers, I would be inclined to regard all of those cases as of the continued remittent type.

Instead of the practitioner establishing the fact that he has discovered a new method of curing typhoid fever by large doses of quinine and calomel he simply proves his inability to diagnose the disease he is treating. There is always an inducement to call a protracted case of fever "typhoid;" that explains why it does not recover promptly; but call it "continued remittent fever," and the family expects the disease cured at once, because "any physician ought to be able to cure bilious fever."

The Brandt bath is claimed to be "not a nervous sedative," but a "refreshing measure by which the depressing effect of the typhoid poison is counteracted." That the impact of the cold water on the surface causes deeper inspirations, inhaling in consequence more oxygen and giving off more carbonic oxide, sending a refreshing im-

pulse to the nerve centres supplying the heart and stomach—thus imparting tone to the one, and stimulating into activity the secretions of the other.

It seems to me that if this is the *rationale* of the tedious, tiresome, and frequent bathings of the Brandt system, we have other agents that can accomplish as much without any more danger, with far less inconvenience, and as much certainty.

I enter a protest that the mortality in typhoid fever cannot be reduced to from 1 to 3 per cent. by any such procedure, but that the errors in diagnosis account for the vast discrepancy.

I agree with Dr. Joseph Jones, of New Orleans, who in a paper read in April, 1889, before the State Medical Association of Louisiana, took the position that, "allowing due weight to the effects upon the rate of mortality in different modes of treatment, of the variations of climate, condition and degree of severity, it must be admitted that the rate of mortality in the great class of febrile diseases has steadily diminished during the past thirty years."

"With reference to typhoid fever, which may be selected as a type of these acute febrile diseases, which are self-limiting and show a tendency to spontaneous recovery, the search after remedies which may subdue or modify the febrile movements have met with at least partial success."

Instead of the tedious and ofttimes impossible bath of the Brandt system, we can reduce the temperature of our patients without any more danger than experience and further use will prove to be present when the system is more extensively used, by the judicious administration of antifebrin or phenacetin. I use the term "judicious" advisedly, because remedies that are so powerful for good, must be equally capacitated for evil, when used carelessly. Antifebrin given in such doses as the patient is found to bear, will accomplish in one hour what is effected by the Brandt system in three times that length of time. The pulse will be reduced in frequency and its tonicity improved; the temperature will rapidly approximate the normal point, and there will be produced the same good effect upon the appetite by it, that is found in cases of the bath. In proportion as the temperature is kept near the normal point will the heart be strengthened, and the stomach stimulated, and *vice versa*, with the high temperature. The control of the fever is a most important element in the treatment of typhoid fever, and in the class of remedies at the head of which stands antifebrin, we have agents superior to any heretofore in use with which to keep the heat within bounds. I do not deem it necessary to discuss the uses and action of antifebrin on the system. A most important feature in its action is in the decided increase of the general euphory of the patient. There is a greater desire for, and a greater power to assimilate food and drink. There is a decided decrease in temperature, and a reduction in the frequency, with a corresponding increase in the strength of the pulse—just those points that are claimed for the Brandt bath, but in addition we have as another effect, an increase in the amount of urine voided.

To this extent, if no other, could we successfully assert that progress had been made in the treatment of typhoid fever; but we can go a step further, and I trust show that in the phenol remedies we can present agents which have more claims to merit in the treatment of typhoid fever, as well as the continued malarial fevers, than any other medicines hitherto used.

In the last three years every case of typhoid fever, and my continued remittent fever cases, have been early treated with carbolic acid, either alone or combined with iodine, and in that time I have not had a single death from typhoid fever where the stomach of the patient could tolerate the remedy. I have thought that where iodine and carbolic acid could be administered together, I obtained more satisfactory results. One case of typhoid fever terminated fatally, where neither of the remedies were borne for any length of time. During the first three weeks of the disease an occasional dose was tolerated of the mixture, and with the aid of not more than 5 grs. of antifebrin in twenty-four hours, the temperature never rose above 102.5°, but at the end of that period, the stomach no longer tolerated them, and the patient died in the sixth week of the disease.

I have seen in the last year three fatal cases of typhoid fever in consultation, treated with turpentine and the acids. Death in these cases was caused by hæmorrhage from the bowels.

If the experiments of Pasteur and others have proved that many, if not all diseases are due to the presence and active development of living germs in the system, then certainly specifics—curative agents for those diseases must be remedies to destroy those germs—bacilli.

Dr. W. F. Glenn, of Nashville, Tenn., in an able paper read before the Tennessee State Medical Society at its last meeting, April, 1890, upon the "Phenique Compounds in Germ Diseases," discussed the fermentation question, as applied to zymotic diseases, showing how, when the specific microbe is introduced into the blood, it begins to multiply, and in proportion to this multiplication of disease cells, how the temperature rises.

He agrees that the fermentation process in the wine vat is not exactly analogous to that which takes place in the human system because, in the first place, only inert matter is to be dealt with, whilst in the latter living cells possessing catalytic powers, and that these cells are able to resist to a great extent the fermentation process. That "the greater the resisting power of the living cells, the milder the disease, on account of a less degree of fermentation." Now then, if typhoid fever be a zy-

motic disease, it is plain that in order to arrest it, it is but necessary to stop the so-called fermentation, or development in the blood of these microbes.

Dr. Glenn asserts that the experiments of Dr. Calvert prove that "the salts of quinine in solution will destroy all vegetable fermentation; salts of mercury in solution, all animal fermentation; and a pure solution of carbolic (phenique) acid, both."

If, then, enough carbolic acid can, in safety, be introduced into the blood of our patient, to destroy these germs, we will cure the disease, and if only enough is introduced to modify the fermentation process—that is, to destroy a portion only of the germs, or to impart to the living human cells power to resist the action of these germs; then the temperature is proportionately reduced, and the patient put into a condition to resist with greater success the disease, which, being self-limited, will run its course without danger to life.

Dr. Glenn contends that with the pure carbolic acid preparations this can be done; that enough can be given to destroy the germs and thus cure the disease; that the poisonous effects of the carbolic acid result from, and are due to the presence of impurities in the acid.

He states that for the last ten years he has employed phenique acid in the treatment of typhoid and malarial fevers as well as the eruptive ones, and in typhoid fever he "never had a diarrhœa, a hæmorrhage, never a serious tympanitis, never a death."

He believes that with antifebrin to reduce the high temperatures, when needed, and with phenique acid as a curative agent, "we possess the treatment *par excellence* of all zymotic diseases."

Dr. Glenn's experience in the use of carbolic acid, agrees exactly with my own in the same direction, though, as I stated, I usually combined iodine with the acid. I have thus referred to most of the important "forms" or "phases" of treatment of typhoid fever, without any reference to the varied complications that must be met as they are presented; nor have I touched upon the questions of nutrition and hygienic surroundings, etc., all of which must be closely attended to, but I have directed attention solely to medicinal agents that were given with a view to curing the disease, by shortening its duration and hastening the repair of all the lesions developing in the course of the disease. Time would be lacking to discuss forms and modes of nutrition, quieting delirium, etc. Now as to the mortality under the different forms of treatment:

1. Under bleeding and free purgatives we have no reliable data; but reports place the death-rate at 50 per cent.

2. When bleeding was abandoned but purgatives still continued, the mortality was reported to be from 30 to 40 per cent.

3. Under the turpentine treatment conjoined with careful feeding, we find reports showing a death-rate varying from 10 to 30 per cent.

4. Under the acid treatment, taking the tables furnished by several eminent physicians, we find the deaths to be below 10 per cent.

Thus I might continue to note the rates of mortality shown under the different modes of treatment, but most of you have access to more sources of information on those points than I have, and can read for yourselves.

To sum it up, I will only add that, allowing due weight to the reports on the Brandt method of the treatment of typhoid fever, this shows a further improvement in the prognosis of the disease, but owing to the want of accuracy in the diagnosis of cases treated by that method, we can only say that the rate of mortality is lessened not through any specific effect of the treatment *per se*, but as a sequence of keeping the patient in such a condition as to enable him to resist the attacks of the typhoid germs.

But in the last mentioned plan of treatment, viz.: antifebrin or phenacetin to keep the temperature at or below 102°, and thus place your patient in the same condition that the Brandt system does; and the phenique preparations, either alone or combined with iodine or ammonia, to destroy the bacillus typhoideus, we have a rational mode of procedure that offers to the medical profession some hope in the near future of being able to say that typhoid fever can be cured; not that it is a self-limited disease, and that this or that plan of treatment enables you to sustain your patient till the disease has run its course and pabulum is no longer furnished upon which the germs thrive; that this pabulum is destroyed and hence the bacillus dies, or that the bacillus is itself destroyed.

In concluding this article I desire to call your attention to two effects of the carbolic acid treatment, which Dr. Glenn notes, and which my experience also substantiates, namely: the tendency to constipation, and in a slight degree to render the blood less fluid. The judicious use of mild laxatives, or the syringe will be needed to relieve the first, and the second can be met by administering ammonia in combination with phenique acid, in the form of ammonia phenate.

The use of the phenique preparations will be found also to lessen the temperature, and hence there will be less demand for antipyretics. So long as the temperature does not go beyond 102° I do not use antifebrin, but depend upon sponging with cold or tepid water, whichever I find to be most pleasing to the patient.

In regard to the question of ventilation and disinfection of the sick apartment, and the disposal of all the discharges of the typhoid fever patients, I deem them as matters no longer *sub judice;* they have been settled.

# THE TREATMENT OF FIBROID TUMORS OF THE UTERUS.

*Read before the Medical and Chirurgical Faculty of Maryland, November 12, 1890.*

BY GEORGE H. ROHÉ, M.D.,

PROFESSOR OF OBSTETRICS AND HYGIENE IN THE COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE; GYNECOLOGIST TO ST. JOSEPH'S HOSPITAL.

The object of this paper is to advocate a rational discrimination in the treatment of fibroid tumors of the uterus.

Uterine fibroids differ greatly in size, situation, structure and character of the symptoms to which they give rise. The treatment demanded by these differences likewise varies.

In structure, fibroid tumors are homologous with the tissue of the organ in which they are found. They are composed of muscular and fibrous tissue in varying proportions usually encapsulated by a connective-tissue capsule, in which large vessels ramify. In some cases, the growth is made up principally of muscular tissue, in others almost exclusively of white fibrous tissue. In the majority of cases, however, the growths are composed of varying proportions of these two tissues, sometimes the muscular, at another the fibrous predominating.

Most fibroid tumors, especially if of moderate size, are firm and solid, but the larger growths frequently have cysts or cavities filled with a lymphoid fluid. These fibro-cystic tumors often cause no little difficulty in diagnosis, being sometimes mistaken for ovarian cysts, at others confounded with pregnancy. It must not be forgotten that pregnancy and fibroid tumors may coexist, although happily this combination is not very frequent.

Fibroid growths may occupy any portion of the uterus. Their site of predilection appears to be the fundus and posterior wall of the corpus uteri. Schroeder found 92 per cent. in the body of the uterus and only 8 per cent. in the cervix.

With reference to their situation in the uterine walls, fibroids are usually classified into submucous, subserous and interstitial.

The submucous project into the uterine cavity, the subserous toward the cavity of the abdomen, and the interstitial occupy a more or less intermediate position between the inner and outer walls of the uterus. As a matter of fact, most large fibroid tumors begin as interstitial or intramural growths, and become submucous or subserous in consequence of the contractions they excite in the muscular walls which forces them either inward or outward.

Fibroid tumors may undergo fatty degeneration and be absorbed, they may slough and be cast off through the genital canal, they may undergo calcareous change and become encysted, and be thus carried through life, or may slough out in the form of concretions which have received the name of uterine stones. Finally they may undergo sarcomatous degeneration and become malignant. All of these terminations are, however, exceptional. Generally the tumor continues growing until or after, the menopause, and gives rise to symptoms more or less troublesome, and in many cases sufficiently serious to demand active measures of relief.

The most pronounced symptoms of fibroid tumors of the uterus are pain, hæmorrhage, and interference with the functions of other organs by pressure. They may also produce great discomfort by their weight. Occasionally the submucous variety undergo sloughing, when they may cause the death of the patient by septicæmia.

The pain produced by uterine fibroids is sometimes so severe as to be alone a sufficient reason for medical or surgical interference. It usually manifests itself at the menstrual periods as dysmenorrhœa, but may be constantly present as severe backache, bearing down simulating labor pains, especially in the submucous variety, or neuralgia of the sciatic nerves. Sometimes there is persistent pain in the uterus itself, or more probably in its peritoneal covering which is subjected to irritation or inflammation.

Comparatively small fibroids situated low down in the uterine walls or in the cervix may cause severe irritation of the bladder by pressure. There is often vesical tenesmus with frequent micturition, causing the most intense suffering.

The pressure upon the rectum may also give rise to constipation and great pain on going to stool. Hæmorrhoids and œdema of the lower extremities are not infrequent complications due to interference with the venous circulation. During the menstrual periods these pressure symptoms are generally increased in severity. Intrapelvic or intra-abdominal pressure may also cause ascites, and in some cases localized peritonitic processes.

Hæmorrhage is in most cases the symptom that urgently demands remedy. It is most frequent and gravest in the sub-mucous tumors, but may be an accompaniment of any variety. It may be alarming in cases where the tumors are so small as to be detected with difficulty on bi-manual palpation. The bleeding usually occurs at the menstrual periods which are prolonged and more profuse than normal. The menstrual interval may be normal in duration, but in many cases is shortened, so that the bleeding recurs in two or three weeks. The blood is frequently discharged in large clots. Indeed the discharge of clots at the menstrual period is an absolute indication of something abnormal, and should always invite attention to the condition of the uterus. In a very large proportion of cases it will be found to be an outward sign of fibroid growths.

A definite relation exists between uterine fibroids and sterility. Whether the sterility is a cause or a consequence of the morbid growths is not positively determined. Statistical compilations show that above seventy-five per cent. of the women having fibroid tumors have never borne children. This may be regarded as fortunate, for in cases of labor complicated with uterine fibroids over half of the mothers and nearly two-thirds of the children die.

The treatment of fibroid tumors of the uterus is preëminently surgical. Even the administration of ergot and savine may be looked upon as a surgical method of treatment, for the effect striven after in the use of these remedies is the extrusion, or partial extrusion of the growths, whose removal is completed by surgical means. While the deaths directly due to the use of ergot are probably few, most writers discountenance the treatment for these reasons: the ergot treatment is tedious, painful, often ineffective and even at times dangerous. When the tumor is forced into the uterine cavity, or through the cervix by the contractions induced by the medicine, the practitioner must be ready to interfere surgically, otherwise sloughing and sepsis are imminent.

The ideal operation for a fibromatous tumor is the removal of the tumor, leaving the uterus intact. Unfortunately in many cases this result cannot be attained. Nevertheless this should be striven for wherever possible. The marvelous success of Schroeder and Martin in enucleating fibroids and thus preserving the uterus should encourage us to an imitation of their work. The enucleation of fibroids whether by the genital canal, or by laparotomy is in the true line of conservative surgery.

When a submucous tumor projects into the uterine cavity or the vagina, its attachment is usually by a pedicle of greater or less thickness. When the pedicle is thin the tumor may be twisted off. The torsion seems to arrest all hæmorrhage at the same time from the highly vascular mucous membrane covering the pedicle. When the latter is thick, attachment may be severed with scissors, ecraseur, or galvano-caustic wire. I prefer the latter method as less dangerous, cleaner, more rapid and thoroughly aseptic.

When the tumor is attached by a sessile base, the mucous membrane and capsule over it may be split with a knife after carefully dilating the cervix under antiseptic precautions, and then enucleating the tumor from its base. To arrest hæmorrhage a tampon of iodoform or creolin gauze may be packed against the bleeding surface. Great care is requisite, however, not to allow the tampon to remain too long, as the secretions may be backed up through the tubes and cause salpingitis or other inflammatory disturbances in the pelvic cavity. I am sure I produced a pelvic peritonitis in one case by the improper use of a tampon to arrest hæmorrhage after amputation of the cervix.[1]

Sloughing of a submucous fibroid is not necessarily fatal, as careful disinfection of the genital canal before and after operation will often avert sepsis.

Vaginal enucleation of subserous tumors of the cervix may sometimes be practiced. The operation was first done by Czerny. An incision is made through the vaginal fornix, avoiding the large vessels on the sides of the cervix, and the tumor enucleated from the tissue of the cervix and the pelvic connective tissue.

Tumors of considerable size may be delivered by intra-uterine and vaginal enucleation. If the growth is too large to remove entire it may be diminished in size by subdividing it with scissors, saws specially devised for the purpose, or the galvano-caustic wire. The operation should always be completed at one sitting, for to allow part of the tumor to remain is an invitation to septic absorption. Judgment and experience are required, however, to decide when the growth has reached a size that does not permit its safe removal by way of the vagina.

The enucleation of fibroids through an incision in the abdominal wall—laparo-myomectomy—is indicated in certain cases where the tumor cannot be removed by the vagina. It is at once a graver operation than the latter, and accompanied by a considerable mortality. If the tumor is subserous and attached by a thin pedicle, its removal after section of the abdominal walls is not difficult. The pedicle may be transfixed by a double ligature and tied tightly, the tumor cut off above the ligature, the peritoneum stitched over the end of the stump, and the external wound closed. Unfortunately the tissues of the pedicle often shrink after the tumor is removed, and hæmorrhage may take place from the stump. To avert this accident various measures have been adopted by different operators. Some remove a wedge-shaped plug from the face of the stump and sew the opposing raw surfaces firmly together by deep and shallow sutures, lastly bringing the peritoneum together over all. This is usually efficient, but consumes valuable time. Other operators clamp the stump in a wire-snare (Koeberle's serre-nœud) or a constrictor of parallel steel bars (Keith's clamp), and bring it outside of the abdominal wound, where the constricted portion of the stump mummifies or sloughs off. The peritoneal covering of the sides of the stump is stitched to the parietal peritoneum, and so

[1] In reference to this point Sir Spencer Wells says: "I have occasionally put on one or two prs. of pressure forceps to a pedicle, either before cutting away the polypus, or when bleeding occurred after cutting away, and have left the forceps hanging out of the vagina for several hours; and I prefer this method to the more common one of applying perchloride of iron and plugging the vagina."

closes the peritoneal cavity against any discharges from the end of the stump. This method gives better results than the intra-peritoneal method, but leaves much to be desired in the way of surgical neatness and rapidity of healing. It is also at times attended by other inconveniences and dangers, especially if the pedicle and uterus are much put upon the stretch.

When the growth of the tumor is sessile and directly under the peritoneum, or covered by a very thin layer of uterine tissue, it may be enucleated by making a bold incision over the tumor, and shelling it out of its base.

To guard against excessive bleeding an elastic ligature—a piece of rubber tubing—may be tied around the cervix, including within the ligature the arteries supplying the uterus and appendages. Even large growths may be removed in this way. If the cavity left in the uterine tissue is too large to get good coaptation between its walls, it may be packed with iodoform gauze as practiced by Fritsch, and the edges stitched to the abdominal incision, in order to secure free drainage and make the cavity accessible to external treatment.

Deep intra-mural, or even submucous tumors may be treated by this method, but the results are less and less favorable the more the uterine cavity is opened.

Sometimes the uterine walls are so occupied by the new growths that their total removal can only be accomplished by the excision of the entire uterus, or at least that portion above the cervix. This operation is one of the gravest in surgery, and gives, in the hands of nearly all operators, a high mortality. The total extirpation of the uterus including the cervix by way of abdominal section has not been very often done, but with present methods should give more favorable results than supra-vaginal hysterectomy.

In the latter operation the stump very often gives trouble, either from hæmorrhage or sepsis.

Complete removal of the uterus at the vaginal junction, approaches the conditions of vaginal hysterectomy, and should give very little higher mortality than the latter. However, at best, the complete or partial extirpation of the uterus is an operation of great gravity and should only be resorted to when all other means promising success have been tried.[2]

Tait has called especial attention to the soft œdematous myo-fibroma, which often gives the impression on examination, of containing cysts. This tumor frequently fluctuates in size, being now larger, now smaller, without any apparent cause. These, as well as fibro-cystic growths of the uterus are particularly suitable for complete extirpation by abdominal section. No other operation or method of treatment seems to control their growth or arrest the hæmorrhage which is a frequent accompaniment.

In 1872, Lawson Tait, of Birmingham, and Alfred Hegar, of Freiburg, almost simultaneously devised the operation of removal of the uterine appendages—ovaries and fallopian tubes—with the view of artificially inducing the menopause, and thus arresting the growth of fibroid tumors by cutting off the principal source of blood-supply to the growth. This operation has now probably been done over one thousand times with very satisfactory results. Tait's own results as shown in a statement recently furnished by him[3] are extremely favorable. In 426 cases 16 died, a mortality of 3.75 per cent. Tait also declares that 95 per cent. of the cases of fibroid operated by removal of the uterine appendages are cured, that is to say, the bleeding is arrested and a large proportion of the tumors diminished in size, some disappearing altogether. These effects have been established by many observers especially when the cases have been properly selected. As above pointed out, in the soft œdematous growths the arrest of the bleeding does not seem to follow so regularly as in the hard, nodular fibroids.

The cause of the arrest of the hæmorrhages after removal of the appendages is probably due, as suggested by Mr. Knowsley Thornton,[4] to cutting off the blood-supply by ligature of the large vessels in the broad ligaments, and not merely to removal of the ovaries and Fallopian tubes. As a matter of fact the mere extirpation of the ovaries alone often fails in producing the expected results.

The high mortality of the abdominal hysteromyomectomy, and the opposition on many sides to the removal of the ovaries which it was claimed by many, unsexed the woman,[5] led Dr. George Apostoli, of Paris, about 1882, to experiment with the galvanic current in the treatment of uterine fibroids. It is true, Cutter, Kimball, and perhaps others had used galvanism successfully for this purpose before, but Apostoli developed a method by which the application of electricity is reduced to scientific exactness. The improvements in the instruments for generating, measuring, and applying electricity now permit the physician to administer this remedy with as much exactness in dosing, as any other therapeutic agent at his command. It would take too much time here to describe the apparatus or the methods in use. For a full description I refer to pages 327–350 of "Practical Electricity in Medicine and Surgery," by Liebig and Rohé, and to Dr. G. Betton Massey's excellent little book on "Electricity in Diseases of Women,"

[2] Several American surgeons have done complete extirpation of the uterus successfully, and A. Martin reports eleven recoveries out of sixteen operations, a pretty high mortality. Fritsch's mortality in all cases of hystero-myomectomy, including enucleations is 25 per cent., Bantock's 22 per cent.

[3] MacNaughton Jones, Diseases of Women, 4th Ed., p. 340.

[4] Am. Gynecol. Trans., 1882.

[5] This objection is not tenable as the "unsexing" consists merely in anticipating the menopause, which is one of the natural characteristics of the human female.

both published by F. A. Davis, Philadelphia.

In 1887 Dr. Apostoli reported 278 cases treated by this method with a successful result (arrest of hæmorrhage, dimunition in size, disappearance of pain and pressure symptoms) in 95 per cent. The average number of applications was fifteen in each case. In August, 1889, Dr. Thomas Keith and his son, Dr. Skene Keith, published a detailed record,[6] without commentary, of 106 cases treated according to the method of Apostoli. The average number of applications in the cases treated to a termination was twenty-eight. Three of the cases died during or shortly after the discontinuance of the treatment, but in neither case was the fatal result attributable to the applications. Admitting, however, for the sake of argument, that the electricity was the cause of death, a mortality of 3 per cent. cannot yet be claimed by any operator in hysterectomy, and even in the comparatively safe operation of removal of the appendages, very few operators can show as favorable results as Keith has obtained with electricity.

I have carefully gone over the record of the cases reported by Keith and have been surprised at the almost uniform improvement noted. Diminution in size of the tumor, arrest of hæmorrhage, relief of pain, and general improvement in the nutrition and spirit of the patient are recorded in nearly every case.

August Martin, the greatest living gynecological surgeon of Germany, has very recently[7] referred to ten cases treated by him, in the following words: "The results in those ten cases show that hæmorrhage, the most troublesome and dangerous symptom of myomata, may usually indeed, be controlled, in fact, in those large multiple tumors, which apparently were situated intramurally, and included the fundus, hæmorrhage ceased nearly entirely. Several small tumors were not influenced in the same manner, and the hæmorrhages continued unchanged in spite of very frequent sittings, so that here the result must be regarded as a very doubtful one. One patient, who had a myoma of the size of an ostrich egg, had such violent pains after seven sittings, that she insisted upon being operated. The operation was performed and the patient recovered. A second symptom, often so frequently complained of, is the phenomena of pressure. These disappeared in all of nine cases, so that in this respect the result is very satisfactory. An essential decrease in size has, up to now, not been obtained in any case."

This is not very enthusiastic, but Dr. Martin admits that the symptoms for the relief of which hysterectomy is at all justifiable, were relieved in his cases. He states that he shall continue "making experiments with the procedure."

[6] The Treatment of Uterine Tumors by Electricity, Edinburgh, 1890.

[7] Introduction to American Translation of Martin on Diseases of Women. Boston, 1890. p. xxix.

Numerous other competent observers in France, Germany, England and in this country have had successful experience with this method, and although there is still a good deal of sneering at the method as being useless, and withal dangerous, and those who use and advocate it are denounced as quacks and "low-down, no-account sort o' pussons" generally, electricity in the treatment of fibroid tumors of the uterus has come to stay, and demands investigation. Ridicule and denunciation are no answers to plain records of facts submitted by Apostoli, Zweifel, Martin, Keith and many others, less eminent perhaps, but still of some account in the world.

Some of those who use the electrolytic method, apply it in office or dispensary practice allowing the patients to walk or ride considerable distances after the application. This I regard as imprudent, and likely to cause trouble. All the cases in which serious symptoms or a fatal result followed after the use of electricity were such as had imprudently exposed themselves. I regard it as important that several hours at least of perfect rest should follow each application. To allow this course to be pursued it is requisite that the patient should be treated at her own home, or in a properly fitted institution.

It goes without saying that careful asepsis of the genital canal should be maintained during the electrical treatment as well as in the gravest and most delicate surgical operations.

Laparo-hysterectomy puts the woman in jeopardy of her life and keeps her a helpless invalid for at least one month. The electrolytic treatment keeps the patient under moderate restraint for a period of two or three months, does not endanger her life, and leaves her generally in such a condition of comfort and health that she is satisfied to live her allotted days, even though she is obliged to carry her tumor with her to the grave.

I would not advocate the exclusive use of the electrical method in the treatment of uterine fibroids. As stated in the beginning of this paper a rational discrimination is demanded of those who treat this condition. Many cases are readily relieved by vaginal or intra-uterine division of the pedicle by scissors, ecraseur or galvano-cautery wire; others are best treated by vaginal, intra-uterine or abdominal enucleation. Large œdematous tumors or fibro-cysts should be treated by laparo-hysterectomy; bleeding fibroids of not too great size, are proper cases for removal of the appendages, and most large chronic, immovable tumors, choking up the pelvis, causing pain, pressure-symptoms and hæmorrhage yield to the proper, patient employment of the galvanic current after the method of Apostoli.

18 W. Franklin St.

# TENTH INTERNATIONAL MEDICAL CONGRESS.

*Read before the Cambridge Society for Medical Improvement, October 27, 1890.*

BY AUGUSTUS P. CLARKE, A.M., M.D.,
OF CAMBRIDGE, MASS.

Your Secretary has requested me to report what proved of interest to me during my recent trip to the Tenth International Medical Congress. In accepting this invitation I am not unaware that much has been written in regard to the Congress, but the interest manifested at Berlin in the healing art was so great, I am sure that any observation or information, though from a point somewhat remotely connected, would not be unacceptable. Before reaching Berlin I was enabled to attend as a delegate the meeting of the British Medical Association which opened on July 29, being one week earlier than usual so as not to interfere with the International meeting.

The meeting at Birmingham was instructive and full of interest, and I have no doubt was a fair exponent of the views and practice which prevail in Great Britain. There was, however, a noticeable absence from this meeting of many of the great lights of London. In striking contrast to what we in our country consider to be essential in regard to biological and bacteriological investigations, and in the study and attainment of other languages beside our own, was the studied and carefully prepared address of Mr. Lawson Tait, delivered before a large and sympathetic audience. I am confident, had his address been delivered before an audience on this side of the ocean, his trenchant but dreary periods would not have elicited such generous applause. Mr. Tait was evidently able to discern the temper of his hearers, and also to judge to what heights of ecstasy they could be carried.

The dinner of the British Medical Association, which took place on Thursday evening, was an enjoyable occasion, and was rendered more so on account of the presence of Surgeon T. H. Parke, A.M.S., who had accompanied Mr. Stanley while making his exploration of the "Dark Continent," and who had the high honor of receiving at that meeting the Association's decoration of honor (a gold medal) for distinguished merit while in service with his chief, accomplishing those great results which must ever redound to the honor and glory of England.

I did not leave the meeting until near the close of the week, but fortunately, though delayed somewhat by the trains, arrived in Berlin Sunday, August 3, the day before the opening of the Congress. The plan of registration was a simple but most excellent one. The membership cards and ladies' cards, on presentation of the proper credentials, were obtained at S.W. Leipziger strasse 75. Other cards were obtained at the Bureau in the Landes Ausstellungs-Park railroad viaducts, 18–22. August 4 the first general meeting of the Congress took place in the Circus Rentz, an amphitheatre in many respects like a Roman Coliseum. It was a grand sight indeed, when we beheld that magnificent building, gracefully decked with the flags of all nations, and filled with so many distinguished of our profession with their ladies from all parts of the globe. The gay uniforms and decorations worn by many of the members who had gained recognition in military and Imperial service, together with the State representatives from the various Sections of the German Empire, dignified the occasion and rendered indescribably grand the formal opening of the Tenth International Medical Congress.

The meetings of the Congress were divided into eighteen Sections. The Section for which I had preference was that of Obstetrics and Gynecology. This Section was admirably managed by its accomplished President, Dr. August Martin, of Berlin. Subjects proposed by the organization of the Committee.

### ANTISEPSIS IN MIDWIFERY.

Those who were especially selected for the discussion of this theme, were Galabin, London; Slawjanski, St. Petersburg; Stadfeldt, Copenhagen; and Fritsch, Breslau. The speakers favored the use of a sublimate solution for the hands of the medical attendant and of the nurses. All clothes and whatever else came in contact with the patient should be made as aseptic as possible. The methods of treatment were greatly simplified, and much of the useless ceremony heretofore carried out was dispensed with. The consensus of opinion coming from almost every country was in favor of such use of antiseptics. A mortality of 15 to nearly 20 per cent. in puerperal epidemics, which had heretofore prevailed, had been reduced by the use of antiseptics to about 1 per cent. The results of the discussion were favorable to the general adoption of the methods for private practice. Abdominal palpation instead of early resort to digital examination was touched upon, and received the approval of the participants in the discussion.

Another subject for discussion was

### EXTIRPATIO UTERI VAGINALIS.

I well remember the results of the discussion on that subject which took place in the meeting of the Ninth International Medical Congress at Washington in 1887. Dr. A. Martin, of Berlin, who was at that meeting, presented a most able paper, and discussion on the importance of total extirpation of the uterus in certain stages of cancerous disease. At that meeting such operative methods were opposed by Dr. A. Reeves Jackson, of Chicago, who contended that the statistics furnished by Dr. Martin failed to show that the operation advocated by Dr. Martin and the other Ger-

man surgeons was a justifiable one. Since that date, the treatment of cancerous disease in Berlin and in other places by the surgical method in the extirpation of the uterus has been more extensively carried out. Statistics now presented are still more encouraging. Kaltenbach, of Halle, reported eighty-two cases of total extirpation with only two deaths. Reports from Russia are also more favorable for the same method of practice. The participants for the discussion were Williams, London; Schanta, Prag; Pozzi, Paris; Olshausen, Berlin; Landau and Martin, of Berlin; Sajajtzky, Moscow; Kaltenbach, Halle; Czerny, Heidelberg.

The discussion brought out on

ARTIFICIAL PREMATURE LABOR, ITS INDICATIONS AND METHODS,

was highly interesting. Dr. Parvin's opening paper on the subject was a masterly one. Deformity of the pelvis proved by far to be the chief indication for resort to the induction of premature labor. Out of 988 cases collected, 870 were for deformity of the pelvis. The other occasional indications for the resort to the operation are uncontrollable vomiting of pregnancy, cardiac disease, eclampsia, certain diseases of the lungs and brain. The choice in the methods evoked by the discussion was in the use of the soft or flexible bougie previously made aseptic, the employment of hydrostatic dilators for the uterine cervix, and hot water douches. On the choice in the operation for premature delivery and that of Cæsarean section the discussion continued at some length. The result, however, showed that each method of delivery has under certain peculiar conditions its own appropriateness. The Cæsarean section, when undertaken with all the more recent precautions, proved the more hazardous alike to the mother and the child.

In the discussion of the subject in

MYOMATA,

the appearance of Apostoli before the Section was regarded with much interest. It appears that in many cases in which there is profuse uterine hæmorrhage at irregular periods, Apostoli has resort to electrolysis instead of the curette and other strictly surgical measures. He instituted, as he had done in his previous publications, many precautions for the employment in cases of peri-uterine inflammation. Our associate, Dr. E. Cutter, appeared as the originator of electrolysis in uterine myomata. He evidently desired a share of the glory for the discovery. He certainly is deserving of much praise for his perseverance in his early work, considering the prejudice and the obstacles he had to overcome.

Four hundred and fifty members registered in this Section. One hundred and fifty papers were read, beside the discussions on them. Fifteen meetings were held. For members to avail themselves of the opportunities offered it will appear that they had at all times to be on the alert, especially when it is remembered that there were three general meetings in the Circus Rentz; five grand balls given; a social meeting in the Ausstellings Park N. W. for the members of the Congress and their ladies; the reception at the Rathhaus; the abschiedsfest (farewell parting) in the Königsplatz (Kroll's Garden) also given to the members and their ladies by the physicians of Berlin; the Court reception; the dinners of the several Sections; visits to the many hospitals, besides attendance on private entertainments, scientific and social, all of which had to be accomplished in six days.

Though I registered as member of the Section of Obstetrics and Gynecology, I was able to attend several of the meetings in other Sections, especially in that of Surgery. The boldness and brilliancy of Oppenheim's achievements will be appreciated when it is known that a patient from whom he had removed successfully a sarcoma of the brain some three months before, had within a short time given birth to a healthy and well developed child.

I visited Professor Glück's Policlinik in Zeiglestrasse, where I saw in use the articulated ivory pegs about which so much has been told. These were used in cases of excision of the knee and other important joints. The pegs were introduced into and along the medulla of both bones so as to give support and motion to the joint.

The dinner at the Central Hotel, given by the Surgical Section, was a most enjoyable occasion. There were some seven hundred invitations. It was presided over by von Bergmann, Court Surgeon, who had charge of the late Emperor during his last illness. At the President's table sat some of the most renowned surgeons of the world. Among the number were Prince Carl Ludwig, Sir James Paget, Sir Joseph Lister, Sir William MacCormac, von Esmarch and Billroth. At the President's table I am happy to be able to bear witness that our own countryman, Dr. Billings, of Washington, also had a seat of honor.

In the Section of Neurology and Psychiatry, Victor Horsley, of London, was the fortunate recipient of the highest honor. Erb maintained that our knowledge of localization of lesions of the brain is as yet quite imperfect, that trephining had been done for a supposed lesion which had not existed, that in cases of thrombi ligature of the carotids cannot be of service in arresting cerebral hæmorrhage. He deprecated the frequent resort to surgical measures. Notwithstanding all he had to say, it was apparent that the number of advocates for surgery of the brain was far in the ascendency.

In the Section of Obstetrics and Gynecology Prof. Barbour, of Edinburgh, presented a paper upon "Frozen Sections from the Eighth Month of Pregnancy, the First and Second Stages of

Labor and immediately after Delivery." At Birmingham I had the good fortune to make that author's acquaintance and to hear him give before the British Medical Association the results of his long and careful investigation.

Time would fail me to give the briefest mention of the leading points of the other most important papers presented. I would state, however, that the American representatives were everywhere well received; that respectful attention was given to the reading and discussion of their papers. The respect for Americans was well shown by a hearty applause, even on the first day, when it was announced before the General Session that 630 representatives from the United States had registered. This was the largest number from any country except Germany herself.

After the close of the Congress, accompanied by my wife and two daughters, I resumed my travels through the great centres for medical education, observation and training through other parts of Germany, through Austria, Italy, Switzerland, France, Belgium and Holland. I found that Rome in the early part of September was most delightful, the city was well governed. During our stay in Rome there was scarcely any rain, the weather was not uncomfortably warm. I was reliably informed that very little sickness prevails there at that time. I cannot regret the time required and expenses incurred incident to my attendance on the Congress. I already look forward with much pleasure to the meeting of the next Congress, which is to take place in Rome in October, 1893. I have full confidence that Bacelli will not prove an unworthy successor to the renowned Virchow, should the mantle of the high office fall upon him. However that may be, my great desire shall be to be counted among the representatives worthy and able to attend the next Congress in the Eternal City.

---

## THE TONSILS AS PATHOLOGICAL PRODUCTS.

*Read by Title at the Annual Meeting of the Mississippi Valley Medical Society.*

BY GREEN V. WOOLEN, M.D.,

PROFESSOR OF RHINOLOGY AND LARYNGOLOGY, CENTRAL COLLEGE PHYSICIANS AND SURGEONS, AND LARYNGOLOGIST IN THE CITY HOSPITAL, INDIANAPOLIS, IND.

It doubtless has been observed by others engaged in throat work that but few people, old or young, have tonsils. It doubtless has been observed further, that when seen, they have always been associated with present or preëxisting catarrhal disease of the naso-pharynx.

It, therefore, soon became a question with the writer, if they were a true anatomical structure and organ, or a pathological product. As is well known, they are described by anatomical writers as the former, but with no fixed idea as to size and character of function. Gray probably gives a more correct description than his predecessors, and says: "The tonsils are two glandular organs situated on each side of the fauces, between the anterior and posterior plllars of the soft palate. They are of a rounded form, and vary considerably in size in different individuals. . . . . Their inner surfaces present from twelve to fifteen orifices leading into small recesses, from which numerous follicles branch out into the substance of the glands. These follicles are lined by a continuation of the mucous membrane of the pharynx, covered with epithelium, their walls being formed by a layer of closed capsules imbedded in the submucous tissue. These capsules are analogous to those of Peyer's glands. They contain a thick, grayish secretion."

But this description, it would seem, embraces tonsils which "vary considerably in size in different individuals." Now, this cannot occur except by hypertrophy or hyperplasia. We do not find this variation in size in Peyer's glands, except in disease. They both are an aggregation of solitary lymphoid glands. The mechanism of deglutition demands some such aid in the fauces, that the muscles comprising the pillars of the fauces may freely act, and the bolus to be swallowed may be coated, so as to be bolted without friction.

The difficulty has originated in describing diseased for healthy tonsils. The size of any tonsil, however large, and not inflamed or increased by the growth of a new formation, is due to the enlargement and distension of the glandular structures, or hypertrophy of the stroma — usually more or less of both—and it is invariably caused, as I believe, by chronic inflammation from former or existing catarrhal disease of contiguous parts; simply an undue increase of normal elements—hypernutrition and consequent perversion of function.

It is not difficult, in those persons who have no tonsils, to spread the faucial pillars apart and, inserting a probe into these follicles, to raise separately each gland, which is loosely attached to its associates. Any attempt to assign enlargement to different genetic sources, seems unnecessary, since hyperæmia and consequent hypernutrition from preëxisting catarrhal disease, can easily be traced. The drainage of the naso-pharynx, so admirably described by Leffert, shows how easily the unhealthy discharges from above must necessarily deposit a sufficient source or irritation in the follicles and folds of the normal mucous membrane in this region, to awaken the diseased processes.

Barring such explanations, however, the fact remains, that in healthy fauces nothing but a loose aggregation of from twelve to fifteen solitary glands, forming spongy tufts of mucous membrane, exist between the pillars of the fauces. If

the proposition is made that want of development or atrophy has occurred, then we must conclude that nature has made a great mistake, as the larger portion of mankind are thus constructed, at least in the earlier and later stages of life. But one who is closely observant will not fail to see that it is such cases that furnish the peculiar glairy mucus that is so helpful in deglutition and phonation, and that in the hypertrophic form of enlargement, the follicles or crypts are often filled with degenerated cheesy secretions, and accompanied with a granular pharynx, while in the hyperplastic condition, the follicles are closed and no secretion is furnished at all; that these enlargements become hurtful from mechanical disturbances of deglutition, respiration and phonation; that these enlarged follicles (crypts) become the frequent seat of disease, in which diphtheria and scarlatina are conspicuous; that submaxillary and cervical glandular disease is often a result of this local infection, with, as I believe, much constitutional sepsis, often regarded incorrectly as of malarial, scorbutic or scrofulous origin. And, furthermore, that the greater number of those who do have tonsils, lose them by atrophy on arrival at mature life, and are then without their aid, if they are normal organs and have functions.

This being the case, that tonsils are always a pathological product, we are brought to the practical part of the subject, What shall be done with them? It would seem that the long-established operation for removal was legitimate. But the cry against it is like Banquo's ghost. Such excrescences elsewhere producing such direful results, would unquestionably receive surgical attention. Why this want of agreement as to the tonsils? We answer because,

1. There is a general belief that an organ is being destroyed, and with it, some useful function such as virility, voice production, an aid in hæmatosis, etc. But, if the contention of this paper is correct, the tonsil is not an organ, and the function of the glands involved in the pathological process is already destroyed.

2. It is claimed they, the tonsils, will be reproduced and the operation will need to be repeated. This is partially true as it has been heretofore performed. The very name "tonsil" conveys an incorrect idea, *i. e.*, meaning something to be clipped. Nothing should be left through fear, conservatism, or the impression that the remnant left will subsequently atrophy. Often the crypts are laid bare even more freely than before, so that infection is more possible; and the broad base will also keep the pillars apart, and thus interfere with faucial action, much as before—especially phonation—which result will ever after be used by many as an argument that the operation produced it.

3. Medication is still advocated with a hope of shrinking, and otherwise aiding in alleviating the distress incident to the enlargement. This is so tedious and unsatisfactory that, except in acute affections, it is fast falling into deserved disrepute by those of largest experience, and needs only to be mentioned to be condemned.

4. Fear of hæmorrhage deters many who would otherwise remove these excrescences. It is doubtless safe to say that no other operation in surgery, so often made, has been attended with less serious trouble in this respect. In a somewhat extensive practice in this line, based upon a belief in the doctrines herein advocated, the writer has never had but two unpleasant results—one from bleeding of a vessel at the lower border of the cut, the blood escaping into the stomach unobserved, until syncope and vomiting called attention to it; the other from injudicious use of stimulants, bringing on the trouble the third day after removal of the tonsil. In fact, the loss of blood to a considerable degree, in conjunction with the operation, is helpful in relieving the engorged contiguous tissues, and thus expediting the cure of the associated pharyngitis. Ablation then would probably be a better term than excision, as describing the proper operation, and never that of clipping.

Mathieus' tonsillotome is perfectly adapted to accomplish this, provided the barbs are removed from the fork, which facilitates puncture of the mass without displacement, and thus allows removal of the exact amount desired. With Elsberg's applicator for pressure, and application of Mackenzie's tano-gallic acid paste, no one need fear in controlling any hæmorrhage which may occur, unless a large blood-vessel should be cut because of abnormal distribution. This, however, is practically impossible if the proper instrument is skilfully used. The fork should always be adjusted for each individual case, so as to retract, after puncture, sufficiently to raise the tonsil enough for its removal, without drawing in the contiguous parts. This is to be done by carefully estimating the size of the tonsil prior to application of the instrument. The pharyngeal fascia, as is known, separates the mass from the superior constrictor muscle and adjacent blood-vessels, and if this care is exercised, the tonsil will generally be removed as if peeled off from it, so that one may introduce a probe into the crypts of the tonsil without its passing through. When removed in this manner, it has seemed to the writer, less hæmorrhage has occured than when a part has been left. If, by any misfortune, any part of the tonsil has been left, or because of follicular disease and insufficient size for removal with the tonsillotome, then the vulsellum and curved scissors should be used, and the diseased parts removed. The writer has three tonsillotomes of graded sizes, which usually meet all requirements.

A practice based upon these ideas has given the writer as much satisfaction as any operation known to other departments of laryngology. And espe-

cially so, if preceded, as it should always be, by prior eradication of the ever antedating naso-pharyngeal disease, which, as indicated above, I regard as the primary cause of this form of hypertrophic disease, as it is well known to be of the other forms of hypertrophic disease of the nose and naso-pharynx.

---

## ANTIPYRIN IN THE TREATMENT OF PULMONARY CONSUMPTION.

BY THOMAS J. MAYS, M.D.,

PROFESSOR OF DISEASES OF THE CHEST IN THE PHILADELPHIA POLYCLINIC, AND COLLEGE FOR GRADUATES IN MEDICINE.

Antipyrin is probably one of the most useful drugs in our materia medica. I do not refer so much to its antipyretic action as I do to its influence as a general tonic in the adynamic stage of pulmonary consumption. It is indeed valuable in every stage of this disease, but it seems to give better results in the final stage than in any other. Of course it must not be regarded as a panacea, but whenever its beneficial action becomes manifest it gives rise to wonderful results. My attention was first called to its usefulness in this disease by a paper from the pen of Dr. J. Holland, of St. Moritz, Switzerland, which was published in the *London Practitioner* (Vol. xxxiv, p. 321). His results were so striking that I beg to abstract one of the cases which he relates.

In July, 1884, he was consulted by a lady who was in advanced consumption, and who had that morning spat up some blood. She had a cavity in the left apex with extensive softening all around it, together with softening in the other apex. She had a troublesome cough and considerable expectoration, and her evening temperature was as high as 103° F. He advised total rest in bed and small doses of morphia and digitalis, and on the following day her temperature was 101.4° in the morning, and 103° in the evening. He now prescribed 15 grs. of sodium salicylate every three hours, and the next evening her temperature was 103.6°, and her cough was more troublesome. He administered 20 grs. of antipyrin every three hours until she had taken a drachm. She was less feverish and felt better one hour after taking the first dose. She slept well, her cough improved, she began to eat better, and altogether felt more comfortable than she had done for weeks. The next evening her temperature was 100.4°. She took the antipyrin two or three times a day, and on the sixth day her temperature was normal. In a month from the time he first saw her she had gained 3 lbs., and only coughed and expectorated in the mornings. The physical signs had improved in proportion, for the softening in the right apex had cleared up, and had conspicuously diminished around the cavity in the left side; the cavity itself showed signs of healing, and freer breathing was heard all over the left lung. The following winter she spent at St. Moritz, gained 15 lbs., temperature nearly normal since the previous August; became able to walk ten miles with very little fatigue, her appetite and digestion remaining excellent.

In the *Medical and Surgical Reporter* for August 11, 1888, I detailed several cases which were treated with antipyrin, and in some of which I think the results were probably as striking as in Dr. Holland's case; and regarding this drug as an indispensable adjuvant in the treatment of phthisis, I have since then found abundant evidence to confirm the favorable impression which I gathered from my earlier experience with it. To demonstrate this I will abstract a few cases from my note book, which are not specially selected for this purpose. About four months ago I was called in consultation to see a young lady living some distance from the city, who was found to be suffering from the last stage of phthisis. She had a large cavity in one lung, and another one forming in the other, she had a constant cough, a copious expectoration, hæmoptysis, a high temperature, a very rapid pulse, extreme emaciation, no appetite, coated tongue, a dropsical effusion of the lower extremities, and so much exhaustion that she was scarcely able to move. We agreed to give her 7½ grs. of antipyrin every three hours and nothing else of importance. I heard nothing from the attending physician for three weeks, when he wrote that a remarkable change had come over the patient. The œdema had not improved, but she had lost her cough almost entirely, expectorated very much less, her appetite had improved, she gained in strength, and was able to walk about. The fever had also subsided, and the chief complaint she had then was a cutaneous eruption brought out by the antipyrin. While permanent results were out of the question in this case I am quite certain, from what I have seen in other instances, that the amelioration in her condition was due to the antipyrin.

Another case is that of a young man aged 24, who consulted me last April. He had been ailing for some time, coughed, expectorated, lost flesh, had hæmoptysis, and no appetite. His temperature at that time was 102° in the evening. There was found a cavity in his right lung, and crepitation in the opposite one. He was placed on antipyrin—15 grs. two or three times a day, and kept quiet for some time. After the temperature approached the normal point the drug was given in 7½ gr. doses three or four times a day, and was alternated with 4 grs. of phenacetin every four hours, every other week. He now weighs 10 lbs. heavier than he did, has a good appetite, and his cough and expectoration have almost disappeared.

The third and last case which I shall relate is that of a young man, aged 20, who was first seen about two years ago. He had lost his mother,

father and sister on account of phthisis, and he himself was suffering from the third stage of the same disease. In a short time after taking the antipyrin he began to mend in symptoms and in physical signs. The cavity in his left lung became more quiet, his cough, expectoration and appetite improved, and in the course of two months he gained 9 lbs., and continues well up to the present time.

While it is true that antipyrin is given for the purpose of subduing the fever of phthisis, we must not lose sight of the fact that it has a capital influence on this disease after the fever has subsided. Phthisis is undoubtedly a constitutional and not a local disease, depending ultimately on a depreciated nervous system,[1] and it is in virtue of its selective affinity for the nervous system, that antipyrin acts as an antipyretic and, associated with other well directed treatment, it yields the beneficial therapeutic influence in this as well as in all other nervous diseases. It should therefore be continued in smaller doses after the fever has gone. In conclusion it must be added, that if it is given for a protracted period it produces a rash of the skin, which can, however, be obviated by alternating it with phenacetin.

## MEDICAL PROGRESS.

A NEW METHOD OF PERCUSSION.—Dr. KABIERSKE, of Breslau, who fully recognizes the value of mediate percussion (by means of the plessimeter), has been studying the matter of immediate percussion, because it seems to him easier and more convenient, with a view to avoiding the numerous difficulties which attend the present method (*Ther. Monatsh.—Med. Chir. Rund.*). For this purpose he has devised an instrument similar to a tuning-fork, with the handle cylindrical and covered with rubber, and the blades rounded off at the ends. The handle of the instrument is held between the forefinger and thumb, and raised and lowered by them without moving the hand. Percussion is thus rendered easier of performance, because only one hand is required; the results are said to be more accurate, since among other advantages, much smaller surfaces can be examined at a time, the thickness of the blades being but 7 mm. (about ¼ in.); thus this might almost be called punctate percussion. The author has preferred his percussor above all other means in examining the apices of the lungs, assuming (perhaps not with justice), that no investigations into the movability of this portion of the lungs have yet been made. At any rate it is worthy of notice, that Kabierske can, with this instrument and after sufficient practice, easily detect apical dulness which would be sought for in vain with ordinary methods of percussion. A further advantage of the instrument is that it will serve as an aid to the sense of touch, especially in percussing out the heart, the area of which the author was able to outline in a way different from that previously employed. By laying the handle flat on the surface, the instrument makes a good plessimeter, especially in abdominal percussion, and has more than ordinary value in the percussion of small areas, since it covers less service than the implements heretofore in use, and the sound it gives is loud and clear. Its weight is 15 grams (½ ounce). Although the sound given out by this instrument when used as a plessimeter is less than that made by the ordinary plessimeter, it is still loud enough for all purposes.—*Weekly Medical Review.*

PERNICIOUS ANÆMIA IN CHILDHOOD.—A paper on pernicious anæmia in childhood, contributed by DRS. AD. D'ESPINE and C. PICOT, of Geneva, to the Section of Pædiatrics of the International Medical Congress (1890), is published in the *Revue de Médicine* for October 10. Each author contributes one case, and they give brief notes of four others, which are all they have been able to find recorded in the literature of the subject. In both the cases now published for the first time the course of the malady was very brief; in neither case did the symptoms endure more than about one month. Dr. D'Espine's patient was about 2 years, Dr. Picot's 13; both were healthy children in whom marked anæmia rapidly developed without any discoverable cause; the possibility of the presence of *bothriocephalus latus* was not overlooked, but the exhibition of male fern was not followed by the expulsion of a worm. In the younger child there was at an early stage some gastric disturbance, and the administration of castor oil led to vomiting, but no diarrhœa; in the elder child, on the other hand, there were at an early stage attacks of colic and diarrhœa, and one or two attacks of vomiting; both suffered from loss of appetite and continual thirst; both presented purpuric patches, and the younger petechiæ also; the gums in both were healthy; epistaxis occurred in both, but was severe only in the elder and towards the termination of his illness; the blood in both was pale and did not coagulate properly. In both there was a firm œdema of the lower extremities, and in the younger an anæmic cardiac murmur, and towards the end a *bruit de galop*. Dyspnœa was present in both, and in the elder child was very severe; in fact, the most prominent symptom. In the younger child there were two slight accesses of fever ten days and a week before death, and for the last four days moderate remittent fever; in the elder there was no fever. A necropsy was

[1] "Pulmonary Consumption a Neurosis," by Thomas J. Mays, M.D., Therapeutic Gazette, November and December, 1888 see also Medical News, May 25, 1889; Journal of Inebriety, April, 1889; and Medical Times and Register, August 10, 1889.

obtained in Dr. Picot's case. The abnormalities noticed were: liver large, firm, pale yellow, and of fatty appearance, gall bladder empty; spleen nearly twice the normal size, soft and congested; the stomach was healthy, with the exception of two or three vascular points; the duodenum, jejunum, and ileum were healthy to within four or five inches of the ileo-cæcal valve; below that point the intestine was thickened, as were also the cæcum and the appendix vermiformis; there was no ulceration, and no swelling of Peyer's patches; on section the intestine had a greyish lardaceous aspect; the corresponding mesenteric glands were enlarged; the rest of the large intestine was healthy. Dr. Mayor made a microscopical examination; he found all the coats of the intestine except the serous copiously infiltrated with leucocytes; these leucocytes were not contained in the reticulum, and Dr. Mayor concludes that the lesion was not lymphadenoma. The thymus gland was persistent in this boy, large, heavy, and lobulated. In the younger child iron and arsenic was exhibited without any benefit, and quinine had little or no effect on the fever. The authors discuss the etiology of the disease, which they attribute to "an auto-intoxication of gastro-intestinal origin," but are apparently unacquainted with the more recent work (see *British Medical Journal*, July 5 and 12, 1890) of Dr. William Hunter, from whose earlier work they quote. They discuss the rarity of pernicious anæmia in childhood, and venture on a hypothesis connecting these fatal cases with other cases of severe anæmia in childhood not due to diarrhœa, or imperfect feeding, cases in which there is anæmia without wasting associated, as they believe, with abnormal fermentations in the stomach or intestines, and often primarily dependent on the dilation on the stomach produced by overfeeding. Their hypothesis is that these cases really belong to the same category as the pernicious anæmia of adults, and that the reason why the anæmia so rarely becomes truly pernicious is that the hæmatopoietic activity, of the bone marrow especially, is so much greater and more intense in infancy and early childhood than during adult age.—*Brit. Med. Journal.*

EFFECTS OF REMEDIES UPON THE SYSTEMIC AND PULMONARY CIRCULATION.—The Harveian oration of DR. JAMES ANDREWS, of St. Bartholomew, delivered at the Royal College of Physicians and Surgeons, London, Oct. 18, 1890, and reported in *The Lancet* of Oct. 25, is worthy of a critical reading. We quote from his oration that portion which treats in particular of the effects of remedies upon the two circulations.

Through the kindness of Dr. Bradford of University College Hospital, and of Dr. Bokenham, assistant to my colleague, Dr. Lauder Brunton, in the science work-room of St. Bartholomew's Hospital, I am enabled to lay before you the following statements as to the comparative effect of certain substances upon the systemic and pulmonary circulations. Their researches were carried on entirely independently of each other, and yet their results are practically identical. In looking at the pressure tracings taken by them one cannot but be struck by the smallness of the variations in the pulmonary, as compared with those in the carotid, artery; but it must be remembered that in consequence of the lower natural pressure in the pulmonary artery alterations in pressure in either direction produce about twice the effect upon the rapidity of the lesser circulation which corresponding changes do upon the greater.

*Muscarin.*—In the *British Medical Journal* for Nov. 14, 1874, Dr. Lauder Brunton gives the following account of the action of muscarin on the heart. Having thoroughly narcotised a rabbit with hydrate of chloral he commenced artificial respiration, and opened the thorax. Both sides of the heart seemed to be equally filled, the veins only moderately distended, and the lungs rosy. On injecting a little muscarin into the jugular vein everything at once changed. The lungs became blanched, the left side of the heart became small, the right side swelled up, and the vena cava became greatly distended. After a short time a little atropine was injected into the jugular vein, and everything instantly returned to its normal condition. The left side of the heart regained its former size, the right side diminished, the distension of the veins disappeared, and the blanched lungs again assumed a rosy hue. Distrusting his own personal observation Dr. Brunton got two observers who knew nothing about the experiment, and reported it before them, noting down their observations, which agreed exactly with his own. It is all but impossible, I think, either to doubt the accuracy of the record of this experiment, or to attribute the phenomena observed (especially the simultaneous distention of the pulmonary artery and the blanching of the lungs) to any other cause than the action of vaso-motor nerves. Subsequent observers seem to have failed to obtain the striking effects witnessed by Dr. Lauder Brunton, but his account is substantially confirmed by Dr. Bokenham, who tells me that muscarin in a small dose caused rapid fall in the carotid pressure, with, in most cases, a rise in the pulmonary pressure. This rise, however, is not long maintained. The pressure in the pulmonary artery sinks to normal, whilst that in the carotid more slowly rises to its original level. A large dose seems to produce paralysis of the heart and rapid fall of pressure in both circuits.

*Amyl nitrite.*—This given by inhalation, caused rapid fall in carotid pressure, with simultaneous marked rise in pulmonary pressure. Carotid pressure then rose, and during this rise the pulmonary pressure resumed its original level,

*Nitro-glycerine.*—In the cat one-fiftieth of a grain produced a temporary great fall of the carotid, with a slight rise of the pulmonary pressure. When, however, the carotid fall had reached its lowest point, the pulmonary pressure also fell. The carotid pressure then rose, but not to the normal figure. At the beginning of this rise the pulmonary pressure showed some tendency to fall, but remained nearly constant. In the dog one-fiftieth of a grain produced a primary fall in the carotid, with little or no effect in the pulmonary pressure. A subsequent gradual rise of the carotid pressure then took place, with a very slight fall of pulmonary pressure during the greater part of the rise.

*Digitalis.*—Digitalin caused steady rise of blood pressure both in carotid and pulmonary arteries, with great slowing of pulse. Tincture of digitalis in dogs caused slight fall in carotid pressure, following soon after injection. At this time practically no effect on pulmonary pressure. Following this a steady rise in both pulmonary and carotid blood pressure. Infusion of digitalis in cats caused primary rise in blood pressure, both in carotid and pulmonary arteries, followed by slight but more permanent rise. (The primary rise here was probably due to the fact that a large quantity of fluid had to be introduced, as the same result followed the injection of a similar quantity of water).

*Tincture of strophanthus.*—In cats a small dose (min. j to ij) produced a primary fall of pressure in both carotid and pulmonary arteries, and a subsequent rise in pressure almost up to normal. The heart at the same time was slow and irregular. A large dose produced first a great rise of carotid pressure, the pulmonary pressure sinking slightly at first and then rising slightly. Then great quickening of heart with steady fall of pressure in carotid, the pulmonary falling to, but not below, its original level.

*Ergot* produces primary rise in pulmonary, with simultaneous fall in carotid pressure. This fall, however, is of short duration; subsequently both pressures rise.

*Aconite.*—This produces a fall in pressure in both carotid and pulmonary arteries.

*Strychnine.*—This produces in both carotid and pulmonary arteries, a rise in pressure, especially marked in the pulmonary artery.

*Chloroform.*—Both pressures fall together.

*Ether.*—Both pressures rise together.

*Atropine* (*sulphate of*) produces first a steady fall in carotid pressure, the pulmonary sinking at the same time, but in much less degree. During this period the heart is slowed and the vagus nerve is excitable. Next pressure rises in both, and the pulse becomes more frequent, the inhibitory power of the vagus being gradually abolished. When the pressure reaches its highest point the heart cannot be stopped by stimulation of the vagus, and a second dose of atropine will have no further effect.

*Quebracho* (*tincture of*) produces in the carotid artery a primary fall, in the pulmonary artery a slight rise, followed in the carotid by a steady rise to a higher point than normal, whilst in the pulmonary artery the higher level already reached is maintained. Finally, in the carotid artery the pressure becomes very great, whilst in the pulmonary it does not rise above the slightly higher level it reached at first.

In the graphic records of these experiments there are many things of great interest, but from lack of time I have confined myself to one point only — viz., the pressure relations of the two circuits to each other. And it is clear that in some cases these relations, under the influence of the the same drug, vary in a manner which could scarcely have been ascertained without the aid of direct experiment. It is difficult to arrive at any classification of them beyond this: that if the systemic pressure rises, then the pulmonary pressnre also rises; if the systemic pressure falls, then the pulmonary may either rise or fall. And even this is only true of the primary effect of the drug, for among the later effects, for example, in the case of amyl nitrite, and to a less extent in that of nitroglycerine, the pressure in the pulmonary artery may fall whilst that in the carotid is rising.

LAPAROTOMY UNDER COCAINE.—A woman, æt. 40, was admitted as an in-patient under Dr. Barnes, physician to the Cumberland Infirmary, on July 7. She had for some years suffered from a tumor in the right side of the abdomen. After consultation with Dr. Maclaren, surgeon to the hospital, she was advised to submit to an exploratory incision. While she was considering this she rather suddenly became worse. Her abdomen became distended and very tender; she vomited frequently; her loss of strength increased day by day. On October 4, her urgent state was fully explained to her, and she agreed to take such chance of relief as an exploration might afford. Her condition seemed so extreme that she might not recover from a general anæsthetic, so Dr. Maclaren proposed to try if the operation could be done with cocaine. A 20 per cent. solution was used, and of this 12 minims were injected. Two punctures were made, and the solution injected drop by drop along a line of 2 inches, just under the skin, except for the last two drops, which were injected into the deeper tissues. Five minutes were allowed to elapse, and an incision was then made two inches above and parallel to Poupart's ligament. There was no difficulty in doing the operation; the patient never moved. The peritoneum was studded with malignant nodules; a mass of malignant tissue (omentum) adhered to the abdominal wall. The bowel was not distended, and it was evident that

nothing could be done, so the wound was sewn up. The patient died four days after, the course of her illness being uninfluenced for good or evil by the operation. What the patient felt during the operation was very trifling. When questioned she said that it was nothing compared to her sufferings during the previous few days, that it was not greater than she had suffered in her confinements, which had been easy ones, and that what she felt most was the stitching. The introduction of the finger and the passage of a glass tube in various directions to allow fluid to escape were quite painless. At Dr. Maclaren's request she turned herself on her side to allow the fluid to gravitate to the opening, and afterwards said she felt it running out, and thought it was blood. She was a very thin woman, which no doubt made the use of the cocaine more efficacious and the operation easy. Post-mortem examination showed much malignant disease of the peritoneum and omentum, and a distended gall-bladder containing mumerous stones, one impacted in the duct. The condition of the wound was perfect. —*British Medical Journal.*

MICROBES IN THE STOMACH.—DR. KIANOVSKI details in the last two numbers of the *Vrach* some observations he has recently made upon the bacteria contained in the stomach before and during digestion, with the object of determining the effect of the gastric juice upon them. He found that the fasting stomach of a healthy person always contains a large number of microbes, and that in the earlier part of digestion the number of these bodies is also considerable, and that it depends mainly on the number introduced by the food, saliva, etc. Notwithstanding this, the gastric juice, or rather perhaps the free hydrochloric acid in it, tends to exert a decidedly destructive influence upon the microbes. No effect appears to be produced upon the process of digestion by these bodies.—*The Lancet.*

THE CONNECTION BETWEEN DISORDERS OF THE GENITAL SYSTEM AND SKIN DISEASES.—This has been accepted in the case of acne, of acute circumscribed cutaneous œdema, and sometimes in eczema, but scarcely ever has the association been more fully worked out than in the example of chronic urticaria by DR. FRANK, of Prague. In a woman aged 28, unmarried, urticaria and disorders of the sexual system commenced simultaneously at the age of 25. The symptoms pointed to chronic oöphoritis and salpingitis, and the urticaria burst out with greatest intensity at the menstrual periods. The ovaries were completely removed, and the patient made an excellent recovery. The urticaria at once ceased and did not recur. She gained flesh, and all the local symptoms referable to the sexual apparatus vanished. Dr. Frank observes: "It is a known fact that during female sexual life the normal genital functions, as well as the disturbances to which these are liable, exert a notable influence on the development and on the condition on the entire nervous system. As a result of long-continued chronic sexual disorders, from the persistent pain and emaciation, an altered irritability of the nerves, particularly of those distributed to the vessels, arises. Further, from the circumstance that a reciprocity between the genital system and the skin is easily observed in various physiological and pathological processes, the conclusion is established, that the cutaneous nerves are implicated in these disorders."—*Zeitschrift für Heilkunde.*

PERIODICAL HÆMOPTYSIS AFTER REMOVAL OF BOTH OVARIES.—DR. PAUL RAYMOND (*Gazette des Hôpitaux*, October 14, 1890, p. 1096), describes a case in which M. Pozzi had, in 1888, removed both ovaries from a woman, then aged 25. The patient remained three months in hospital, and no uterine "show" has ever been seen since. Every month, however, a flow of white fluid appears and lasts for two or three days. The patient suffers from headache, without lumbar or abdominal pains, and suddenly vertigo and flushing of the cheeks come on; these symptoms are followed by hæmoptysis. The spitting of blood is not preceded by any feeling of heat or weight in the chest. Nausea without hæmatemesis sometimes complicates this abnormal menstrual period. The hæmoptysis occurs four or five times daily, and lasts two or three days, sometimes waking up the patient at night. Several ounces of blood are thus lost without sensible detriment to health. The pulmonary hæmorrhage has continued monthly since January, 1889. There is evidence of incipient phthisis at the right apex. This case, says Dr. Raymond, shows that when the sanguineous "show" ceases after castration, the congestive tendency and other phenomena of menstruation may continue. Vicarious hæmorrhage may occur, and it is easy to understand how a new tuberculous deposit is liable under these circumstances to become the seat of bleeding. The author refers to a case of Graves' disease following removal of the ovaries, reported by Dr. Mathieu in the same journal (1890, p. 643). Uterine hæmorrhage was never seen after the operation, but the patient became subject to the most distressing flushings of the face and great nervous agitation. The thyroid gland swells; in fact, the patient is in the incipient stage of Graves' disease, though the symptoms seem to have become "disciplined," so as to be marked only at the monthly period. These cases show that a patient after removal of her ovaries is in the state of a woman with amenorrhœa. True menstruation ceases, but the menstrual period may remain, reacting on the

whole organism and manifesting itself by hæmorrhagic, vasomotor, nervous, or other symptoms, which by their regular recurrence alone may entail serious consequences.—*Brit. Med. Journal.*

A Remedy for Palpitation.—Dr. Gingeot (*Rev. Gen. et Clin. et de Ther.*), recommends as a valuable remedy for palpitation—one that has proved serviceable to him—the application of cold to the precordial region. Attention must be paid to the method of applyiug cold. The simplest plan of all is to apply a wet sponge over the heart in the morning before dressing. At night, when in bed, the patient or an assistant may put a cold compress over the heart, well covered with dry bandages, to retain moisture and prevent any wetting of the clothing. When this compress is warm, the patient may remove it, and will probably fall asleep. There are objections to the ice-bag, one being the condensation of insensible perspiration upon the surface of the skin. The ether-spray is a simple and convenient method of refrigeration. With proper instruction as to necessary precautions in the use of ether, the patient can apply cold in this way at any hour of the day or night. Palpitation of purely nervous origin seldom fails to be greatly benefited by the application of cold; and a certain success often follows its use in cases of palpitation due to organic disease. Equalizing the heart's action will often prevent an increase in its size. It is also useful in aneurism and passive dilatation.—*Therapeutic Analyst.*

The Surgical Treatment of Tubercular Peritonitis.—The surprising and inexplicable success which has attended the opening of the peritoneal cavity for the treatment of tubercular peritonitis, is the subject of an editorial in the *University Medical Magazine* for November. Evidence has been accumulating till it is now convincing, that even an exploratory incision is frequently followed by permanent cure of the local tubercular processes.

König (*Centralblatt für Chirurgie*, No. 35, 1890) has collected 131 cases of peritoneal tuberculosis treated by abdominal section, of which 23 were greatly improved; 84 were cured (65 per cent.); of these cases 30 (24 per cent.) exhibited no signs of intra-peritoneal tuberculosis for several years following abdominal section. In only 3 per cent. could death be attributed to the operation. As to the method by which these cures were obtained, examination of the cases shows that there was only one condition common to all; that is, the belly was freely opened, and a certain amount of intra-peritoneal manipulation was practiced. Even the employment of anti-bacterial agents seems to be absolutely without influence, except that apparently a greater percentage of cures followed where no disinfectants were used

A question of major importance is as to whether only certain forms of peritoneal tuberculosis can be cured by section. As is well known, the effusion may be serous, sero-fibrinous or purulent; may be circumscribed or diffuse. The tubercles may vary in size, being miliary in one case, in another as large as a hazel-nut. The peritoneum may be smooth, roughened, thickened, or covered with a pseudo-membrane. In so far as clinical studies go, it would seem that all these different forms have undergone resolution after abdominal section, and consequently that they are all curable.

Peritoneal tuberculosis is dependent upon the extension of the tubercular inflammation from adjacent organs, or upon direct infection, by means of the bacilli circulating in the blood. Phillips found the lungs involved in 92 per cent. of the cases, the pleura also in 56, and the bowel in 75. Intestinal invasion by tubercle is frequent, the serosa becoming quickly involved, but this involvement may remain strictly localized, and may undergo spontaneous resolution if the original source of infection, the intestinal lesion, cicatrizes. When, however, the peritoneal involvement comes from a large organ, and is extensive, it is as difficult to conceive the *rationale* of spontaneous resolution as it is to explain in what way operative procedure, except that of total ablation of the disease, can possibly be of the slightest avail. Yet the fact remains that a gratifying percentage of success follows simple opening and intra-abdominal manipulation in cases of tubercular peritonitis.—*Boston Med. and Surg. Journal.*

Management of Gonorrhœa.—Lang (*Wiener Med. Wochenschrift*, October 2, 1890) discusses some of the causes of the prolongation and complications of gonorrhœa. One of the most important points in the treatment of gonorrhœa is, he thinks, the proper regulation of eating and drinking. In some cases attention to these is all the treatment that is necessary. The injection chiefly used by the author is a solution of sulphocarbolate of zinc of a strength of from one-fourth to one per cent. Stronger solutions may be employed if a mucilaginous menstruum is used instead of water. It is important to pay attention to the size of the syringe. Patients, if not otherwise instructed, will often use a large syringe, and by injecting too much fluid injure the urethra. Lang uses syringes of three sizes holding respectively, one and a half, two, and three drachms, and to each case orders the size which seems most suitable.—*Brit. Med. Journal, Med. News.*

The Microbes of Pneumonia.—Dr. Queisner has examined the lungs of a number of children and adults dying from pneumonia, his results showed that the pneumonia coccus of Frankel and Weichselbaum is the usual bacterial

cause of true croupous pneumonia. This coccus was also found in the majority of cases of broncho-pneumonia. In both children and grown up people the sputum contained the coccus at the very commencement of the lung affection, and its existence appeared to form a very good sign of the invasion of pneumonia of one kind or another. In the lungs of ten children who had died of various forms of pneumonia, primary as well as secondary to measles, diphtheria, and tuberculosis, Friedlander's pneumonia bacillus was not once found, but the coccus was found in eight cases. In several instances it was impossible to distinguish between the catarrhal and the croupous form, as even in undoubted catarrhal cases a very perceptible quantity of fibrinous exudation was found.—*Lancet.*

THE NATURE AND TREATMENT OF ECZEMA.—DR. UNNA reviews the position of this most interesting question, and, as usual, throws a new light on the subject. The standpoint which he takes up is the parasitic origin of eczema. He first contrasts the earlier opinions as to the influence of microörganisms on the skin. He shows that it is the strongest proof of the harmlessness of those which occasion the so-called vegetable parasitic diseases that they proliferate profusely. They would not be able to develop insidiously, almost imperceptibly, in the horny tissue if their excretion products exercised any very injurious or irritating effects on the living prickle-layer and cells of the cutis. Where we have to deal with organisms which are much more seriously injurious, we shall not obtain much microscopic evidence of their presence, for the more harmful their effect the fewer are necessary to bring about well-marked signs of irritation, under which the organisms will on their side suffer. In such cases only cultivations on artificial nutritive media can lead to any exact knowledge of the affections of the epidermis. In regard to eczema, the first systematic cultivation experiments have revealed an unexpectedly rich flora in the upper skin. It is scarcely conceivable, he thinks, that this enormous mass of organisms can have no connection with the etiology of eczema. However justifiable the keenest criticism may be with regard to any single parasite which is claimed to be the true and only cause of a certain affection of the epidermis, it is quite as unjustifiable to maintain a general skepticism against the parasitic nature of these affections in general. *The true and essential cause is the inoculation of the germ*, a germ for the most part, probably, of vegetable nature. Eczema, however, is only produced when the germ proliferates in the epidermis and its appendages. To effect this it is necessary, according to the parasitic theory, that this affected epidermis should be a good nutrient basis; and this condition embraces actually everything which has been previously placed among the various predisposing and exciting causes. External warmth and moisture, simple inflammations, and stases, as well as the whole legion of external irritants, may be described as exciting causes, or better as *accidental improvements of the nutrient base.* That which is common to all the causes which have been discussed in the text books up to the present time is, *that they can render the skin, and especially the epidermis and the nutritive fluids which penetrate it, favorable to the growth of the specific germs.* Eczema is, in his opinion, a chronic parasitic catarrh of the skin, with desquamation, itching, and the disposition to respond to irritation by exudation and well-marked inflammation. The treatment of chronic eczema divides itself into two heads—(*a*) By the use of anti-parasitic measures the germ itself is attacked; this is the *direct treatment.* (*b*) On the other hand, by it, the epidermis, which is the nutrient soil, becomes less suitable for the growth of the specific germ; this is the *indirect treatment.* In the search for new specifics against the various forms of eczema, their harmlessness for the general organism must be taken into consideration; and with regard to the reducing medicinal agents in particular, it must be noted whether there is an absence of irritating properties in their oxidation products.—*British Journal of Dermatology.*

STERILIZATION OF RUBBER CATHETERS.—DR. ALAPY (*Annales des Maladies des Organes Génito-urinaires*, July, 1890) describes a new method of effecting the sterilization of these instruments, which possesses, he asserts, the merit of being very effective, easy to carry out, and harmless to the instruments. After drawing attention to the effects of various antiseptics, such as carbolic acid, sublimate, etc., and heat as ordinarily applied, he goes on to describe his own plan, which practically consists in wrapping up the instruments, not more than three or four in a packet, in ordinary blotting paper, the ends of which are just twisted up. These packets are then placed in glass tubes, the mouths of which are sealed with a plug of cotton wool. The glass tubes are exposed for half an hour to ordinary steam, that is, to a temperature of 100° C. The packets of blotting paper are then removed, and kept in a drawer or box till they are required for use. They remain sterilized for any length of time provided the paper is not opened, as is shown by the fact that they are incapable of infecting either sterilized bouillon or sterilized urine.—*British Medical Journal.*

CALCIUM SULPHIDE IN CROUP.—The *Med. Reg.* (*Ed.*) recommends the use of the above drug in doses of one-tenth gr. hourly for the worst cases.

THE
Journal of the American Medical Association
PUBLISHED WEEKLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE.

PER ANNUM, IN ADVANCE.....$5.00
SINGLE COPIES.....10 CENTS.

Subscription may begin at any time. The safest mode of remittance is by postal or express money order, drawn to the order of THE JOURNAL. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in REGISTERED letters.

Address
JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION,
No. 68 WABASH AVE.,
CHICAGO, ILLINOIS.

All members of the Association should send their Annual *Dues* to the *Treasurer*, Richard J. Dunglison, M.D., Lock Box 1274, Philadelphia, Pa.

LONDON OFFICE, 57 AND 59 LUDGATE HILL.

SATURDAY, DECEMBER 6, 1890.

## WINCKEL ON WESTERN OBSTETRICIANS.

PROFESSOR WINCKEL seems to think that the obstetricians of the West do not know very much about pelvimetry. At least, this is the construction we put upon the following sentences that may be found on page 460 of Edgar's Translation of Winckel's:[1] "When I hear statements made, such as those I often heard in America, in 1886, that narrowing of the pelvis hardly ever occurs there, I can only say that the clinical observation of normal and abnormal labor is still at a very low ebb in the whole of North America, with the exception of New York, Boston, and Philadelphia. Not alone are the majority of obstetrical wards very imperfect, but even in the larger services of this kind, for example, in the San Francisco County Hospital, they are entirely inaccessible to the student, and there is no question of the thorough working up of the material for observation there contained."

Certainly, this is a statement, *ex cathedrâ*. Professor Winckel's visit to the United States was of brief duration, and his reception by the profession was not remarkably cordial. In fact, until within a very recent period, he has been a comparatively unknown man in America. While in Chicago, unannounced he paid a visit to the Cook County Hospital, where he was hospitably received by one of the internes.

This recent graduate never having heard of Professor Winckel, politely conducted him through the wards, and *en route* gave him some "pointers" on the preservation of the perineum and on the conduct of labor. The attention to these instructions was so close and so marked, that the young man, pleased with his attentive pupil, familiarly slapped Professor Winckel on the back, and cordially invited him to call again, to see some obstetrical operations!

Nothwithstanding these severe and sharp animadversions, western obstetricians have given presumptive evidence of capability in their appreciation of Winckel's book. Publishers inform us that the sale of Edgar's translation is large and constantly increasing. Indeed, there are those in the trade that think this work will largely substitute American and English text-books. This fact, we regret, inasmuch as the book, taken as a whole, is inferior to at least two American treatises. The hearty welcome accorded Winckel's "Midwifery," we take it, is a typical example of the broad, liberal, American common sense, that quickly recognizes merit, totally irrespective of its source. In the light of Winckel's ungracious words, the large sale of the book is an instance of *noblesse oblige*, that the Germans would do well to imitate, seeing that, as at present informed, no similar case has been recorded in the annals of Teutonic medical literature.

Now, as to the truth or falsity of the allegation, we venture the opinion that midwifery, as an art, is carried to a much higher degree of perfection in America than on the Continent of Europe. With us, not only do women occupy a much more exalted position in the scale of human greatness, than in Germany or on the Continent generally, but also more or less highly qualified physicians replace more or less irresponsible midwives. It is then the natural and inevitable resultant of the conditions of our civilization, that our women should receive better care during confinement, than is the case on the Continent of Europe.

As to the infrequency of the contracted pelvis in the native-born American woman, that question was finally settled before the birth of Professor Winckel.

With us, the conditions of life among the working classes, both in cities and in the country, as respects abundant food, fresh air, and commodious dwellings above ground, are so favorable, that rhachitis is very uncommon, and osteomalacia

[1] Lehrbuch der Geburtshülfe. Leipzig: Verlag von Veib & Comp. 1889.

almost unrecorded. With us, among primiparæ, "lightening before labor"—the engagement of the head and lower uterine segment within the pelvic cavity,—is a constant occurrence, and it affords a strong presumption that the passage is big enough for the passenger. We do not measure the pelvis, simply because experience has demonstrated that it is not, as a general rule, a necessary precaution.

While this arraignment of the obstetricians of the West, and of Canada, by Professor Winckel is in the highest degree presumptuous, unwarranted and in bad taste, it may be well for the profession to act upon the suggestion. It is right to be taught by an enemy. Unquestionably, pelvimetry is not practiced to the extent that it deserves application. As to the utilization of the material in our hospitals for the purposes of clinical observation and of instruction, that is utterly out of the question with our present Republican form of government and hospital system.

## MOUNTAIN-FEVER OF COLORADO.

DR. L. HUBER has described the fever of the mountains as it occurs at an elevation of 4000 feet above sea-level, in the *Medical News*. The author resides at Rocky Ford, Colorado, at a point where a rich valley has been rapidly converted, under an irrigation-system, into a farming country. The climate is dry, almost rainless; the soil is dry and sparsely covered with vegetation prior to the introduction of irrigation for agricultural purposes; marsh lands and stagnant ponds are almost unknown; the river currents, flowing through well-defined channels, are strong and there is no stagnation whence effluvia of a malarial character would be expected to rise. The supplies of drinking water are drawn from the irrigation ditches, filtered more or less thoroughly and stored in cisterns; when carefully filtered and stored in clean reservoirs the water will remain clear, tasteless and odorless for months; it is however hard and is called "alkali water." Opposed as these conditions are, for the most part, to our preconceived notions of the habitat of malarial fever the author is clearly of the opinion that mountain fever must be grouped with the diseases owning a malarial origin. In confirmation of this opinion, he states that ague and typical remittent fever have been observed by him in persons who have not been away from the lofty region, of which he writes, for a number of years; the cases were contracted there and the remittent type is not identical with that form of fever which is usually known as "mountain fever." The symptomatology of the latter is sketched as follows: beginning with a premonitory chill or chilly sensations, a febrile stage is ushered in which is more or less marked and persistent. The temperature ranges from 102° to 105° at the onset, but ordinarily falls several degrees during the first week. Remissions may occur, but they are neither uniform, nor marked; intermissions will often follow the onset and continue for a week, if the case is untreated, when the fever will return and, assuming a continued type, persist for two to four weeks. There are often localized pains in the head, back and limbs, in children especially severe distress in the gastric region will be noticed; the headache is often excruciating. Shooting pains, passing up and down the spinal column are often quite marked. These symptoms may closely simulate those of spinal meningitis, and sometimes the patient may lose the power of voluntary motion. Tremor may exist. In adults the tongue is coated excepting the tip, and sometimes the edges; in children the enlarged papillæ project through the coating and the tip of the tongue becomes strawberry-like; a clean tip to the tongue is noticed in nearly all those cases that ultimately assume the typhoid type. The ratio of pulse and temperature is commonly normal, but the pulse may be slow. Nausea and vomiting are not infrequent, but they do not persist. The bowels may be either loose or confined, the latter state being more frequent among children and is difficult to regulate by medication. Liver and spleen may be enlarged. Tenderness in the right iliac region is infrequent, but tympanites may arise. Delirium is not usual, but when it does occur it is low and muttering. Bronchial irritation and cough are not infrequent. The conjunctiva is usually suffused, and may show slight signs of jaundice. In children the pupils are widely dilated. The skin is apt to continue dry while the fever lasts, sweating occurring when it abates. The disease often determines with a copious sweating and free action of the bowels and kidneys. Convalescence is slow and accompanied with a strong tendency to the development of a mild though obstinate quotidian

intermittent fever. Relapses are prone to follow at the septenary periods, unless the case is closely watched and treated; in view of which it is always well to continue the use of antiperiodics for two or three weeks after convalescence is established. The fever undoubtedly tends to a self-limitation, but it may be so thrown out of its course by perturbating treatment as to take a firmer hold upon the patient and to thus become more grave. On general principles it may be said that medication should be primarily directed to the maintenance of open emunctories and the elimination of the *materies morbi* through them. The action of quinine and its congeners cannot always be depended upon to check the fever, or it is slow in producing the desired effect; in the high altitudes where this fever is found these drugs often cause an unpleasant impression upon the nervous centres.

In conclusion, it may be said that the term "mountain-fever" is not peculiar to Colorado, although the name of that State is perhaps more frequently attached to the title of the fever than that of any other, but it is more or less known throughout the whole Rocky Mountain region, as a term for a diseaae which may or may not be one and the same for all those widely separated localities; there is room for a fuller and more accurate knowledge in regard to the fevers of our western ranges of mountains. Dr. Huber is of the opinion that he has met with the mountain-fever as far to the eastward as in the valley of the Arkansas river, in western Kansas, although it was not there known by that appellation. His later experience, for several years, in Colorado has convinced him of the indentity of the fever in the two very dissimilar situations.

## PSOROSPERMES IN RELATION TO DISEASE.

In a recent number of the *Archives de Médecine Expérimentale*, Dr. Melassez gives the history of his discovery of psorospermes in man, and especially in epithelioma. In 1885 Dr. Albarran brought an epithelial cancer, removed from the maxilla, for examination. The coccidia were found in the preparation, but as the neoplasm was ulcerated, they might have been introduced secondarily. Subsequently, in 1889, Dr. Darier gave him sections from an obscure cutaneous affection (Paget's disease), in which protoplasmic masses were found in the interior of the epithelial cells. These psorospermes, analogous to those found in the liver of the hare, were also found in old sections of epithelioma and of acne varioliformis. These discoveries were reported at the time, and subsequently Wickham found the psorospermes in a nasal epithelioma, and Cornil, Darier, Thoma and Sjöbring have published observations confirming the discovery of these organisms in epithelioma from various localities.

Recently Vincent, in a communication to the Société de Biologie, reported that in numerous examinations of sections of epithelioma from various localities, he found among the epithelial nests or in their vicinity, organisms that resembled psorospermes. These bodies, about the size of mucous corpuscles, are surrounded by a refractive membrane, sometimes thin, sometimes quite thick, according to the age of the parasite. The protoplasm is occasionally amorphous, though more often granular and sometimes pigmented. In the centre of the cell there is a nuclear mass, round, triangular, or vaguely polygonal; sometimes it is formed by a voluminous agglomeration of round granules. Usually the shape of the psorosperm is round, though this may be modified by compression. To detect them very fine sections should be rapidly passed through ammonia of 15.9 Boume, washed in water, colored for five minutes in a concentrated alcoholic solution of safranine; then partially decolorized in acetic acid, washed in water, and the decolorization completed in alcohol until the sections have a rosy tint; then immerse in oil of cloves, xylol and balsam. A double coloring may be obtained with fluorescine or hæmatoxylin. The psorosperm, colored red, may be separated from the protoplasm of the cell in which it is included, by the retraction of its membrane from staining. It is not rare for some of the psorospermes to fail to take the staining fluid. Efforts to cultivate the psorosperm have not succeeded.

Dr. L. Pfeiffer, in a recent brochure on protozoa as the cause of disease, states that where the psorosperm is included in a cell, sometimes the nucleus of the cell takes part in the hypertrophy. Sometimes it is atrophied, and the parasite, substituting itself for the cell, lives as a normal cell by borrowing the elements for its nutrition from its vicinage. Sometimes the germs

of the parasite are accumulated in the cell and a small number only are developed. In the latter case the infection is not very dangerous to the animal organism.

Organisms of this class have been found in several species of snails, in the intestine of mice (the *eimeria falciforme*), in the intestine and liver of hares, in the blood (diphtheria) and the tissues (variola) of birds. In man they seem intimately associated with the development of molluscum contagiosum, Paget's disease and epithelioma.

## EDITORIAL NOTES.

WAITING FOR THE VERDICT.—By cable dispatch to the New York Associated Press, we learn that on November 22, the Emperor of Germany bestowed the Grand Cross of the Order of the Red Eagle upon Robert Koch. This is the first time that this decoration has been bestowed upon any one who did not possess the preceding classes of the order. We further learn that Prof. Koch disclaims responsibility for the statements put in his mouth in regard to his experiments. He blames the press for raising exaggerated hopes of instant benefit in every form of tuberculosis. Prof. Virchow, speaking in the *Medicinische Gesellschaft*, referred to the subsidence of the enthusiasm, but defended Prof. Koch against the charge of prematurely publishing his discovery. Prof. Koch, he said, only consented to the disclosures already made at the request of Minister von Gossler and several of his medical colleagues, Drs. Virchow, Levy, and Bergmann. Every one in Prof. Koch's confidence supports his protests against the sensational anticipations regarding the results of the remedy.

Meanwhile unreasonable complaints are coming to the surface of want of accommodations for tuberculous patients in Berlin, as well as a clamor regarding favored doctors, stinted lymph supply and unseasonable climatic conditions. Much dissatisfaction is also expressed that the seal of secrecy has not as yet been removed, so far as the modes of preparation and the essential elements of the discovery are concerned.

We deprecate the absurd rumors and immature opinions that are dispensed in the interviews of the secular press, both at home and abroad, as calculated to wreck a really great reputation. Koch has been so free from the juggleries of the charlatan, and withal such a candid investigator that we think that any imputation of concealment an aspersion. At all events the same military government which recognized the talents of a Moltke, has still further and more nobly honored itself in the decoration of Koch, not so much for what is expected as for what has already been done. Having the rights of a benefactor, and being an honest man, he may be safely entrusted with a choice of methods. As yet, he has not had the benefit of a further and fuller statement, so that none of his critics can claim any privileges until Koch himself is ready with his case before a jury of his peers. His opinions are always entitled to respect if not to full credence. Claiming so little for himself and never with the blare of the trumpet, he unconsciously presents to the world the type of the ideal physician.

UNSOUND ATHLETICISM.—A sanitary census has recently been made in an athletic club of New York City, and it was shown thereby that it had quite a number of damaged members. Out of thirty-three all-round athletes in the club five years ago, three had died by consumption, five have to wear trusses for hernia, four or five are lop shouldered, and three or more have impaired hearing and catarrh. For robust health and longevity it is best not to look among those who go their full lengths in modern systems of athleticism.

LOSS OF LIFE ON ENGLISH RAILWAYS.—The *British Medical Journal* has pointed out the frequent occurrence of railway accidents that are directly or indirectly due to intemperance in alcoholic drink among the employés of the companies, and has recommended that the example set by a number of American companies should be followed, who have adopted special rules to secure sobriety on the part of their workmen. This has been done, according to the *Journal*, because it has proved to be the best guarantee against accident; fifty-four companies insist upon total abstinence among their men, while on duty; and twenty companies, while "on duty and off;" and one company will not engage any who are not total abstainers.

A new departure in cremation is reported. A patent has been taken out in France for an electric furnace for the rapid incineration of human remains.

# TOPICS OF THE WEEK.

### LEPROSY IN THE REPUBLIC OF COLUMBIA, SOUTH AMERICA.

The local authorities have drawn attention to the alarming spread of leprosy lately in this republic. It is impossible to obtain reliable figures, but putting the entire population at 6,000,000 inhabitants, the lowest estimate gives 18,000 lepers. The tuberculated, non-tuberculated, and mutilating forms are all met with, the tubercular form being the most common.

In this country, the disease occurs chiefly in places having a temperature of 73° F. to 64° F., damp and low-lying districts being especially favorable for the development of the disease; whilst places having a temperature of 80° F. and upwards seem to have some influence in mitigating the course of the disease. This is seen in the Government lazaretto at Agua-de-Dois, two and a half days' journey from here. Here the unfortunate victims undoubtedly obtain some relief from their sufferings, and in some cases improve sufficiently to be able to earn their own living, though no systematic course of treatment is adopted at that establishment. Very few cases are reported from places having a temperature of 80° F., and of those cases nearly all said to have contracted the disease in colder climates.

In favor of the contagious nature of the disease there is the strongest evidence. In districts in which the disease was formerly unknown, it has appeared and spread with great rapidity, the first cases appearing shortly after the return of former inhabitants of the district who had contracted the disease in a distant province, but contagion seems only to have occurred where the leprous and healthy lived together on terms of great intimacy, eating and drinking out of the same vessels and using the same clothes. On the other hand, where more attention was paid to cleanliness, cases are recorded where the healthy remained unaffected.

As regards the hereditary aspect, no case is recorded of children being born leprous, but the offspring of lepers have become lepers generally about puberty or a few years later, though some show signs as young as 6 years of age; but considering the bad hygienic conditions generally present, many of these so-called hereditary cases may really be due to contagion.

As to articles of diet, the greater number of cases occur where fish cannot be obtained; in these places, hog's flesh in various forms, impure water, the immoderate use of cayenne pepper and *chicha*, a drink made from the fermentation of maize, are considered as favorable to the development of the disease.

The race most frequently attacked are the whites, next the mixed Indians and whites, then the pure Indian, and finally the (African) negro race, which seems to be the least frequently attacked.

The principal other diseases occurring in leprous districts are, in order of frequency, malarial fevers, various hepatic diseases, dysentery, rheumatism, and scrofula.

That localities of a certain temperature, namely, from 64° F. to 73° F., are the most infected districts there is no doubt; and it is popularly believed that sudden changes of temperature from heat to cold are frequently the means of producing the disease.

And another factor I believe in producing the disease, speaking, of course, of Columbia, lies in the poor and insufficient food, bad ventilation, and the overcrowding, so common among the poorer classes in this country.—Dr. Edward H. Hicks, of Bogota, *Brit. Med. Jour.*

### THE "MORGAGNI" AND "LISTER" BAS-RELIEFS AT ROME.

The *façade* of the Policlinico now advancing to completion at Rome will, as we have already stated, consist of two parts—one representing the medical, the other the surgical, wards of the institution. The former will have as its distinctive ornament a bas-relief in honor of John Baptist Morgagni, the Father of Medical Pathology, and five of the leading sculptors of Italy have sent in their designs for the subject prescribed by the "Commissione Giudicatrice" the well-known artists Bartolini, Basce, Pizzichelli, Zocchi, and Ximenes being the competitors. The subject is "Morgagni delivering a lecture in the Pathological Theatre." The decision of the "Commissione" will shortly be announced, and we can only say at present that Ximenes, by his own consent, has been withdrawn from the competition. The bas-relief for the surgical *façade* will represent the "Father of Antiseptic Surgery," also in a characteristic *pose*, and the competing sculptors engaged on it have to send in their designs at an early date. The names of the sculptors and the artistic effects they seek to convey we shall then be able to give.—*The Lancet.*

### PHYSICAL EDUCATION.

Civilized man often tends to begin at the wrong end of things; or, at least, while striving for a desirable end, to ignore some essentials for success, simply because, viewed in the faulty perspective of civilization, they seem inconspicuous. The discussion on the claims and limits of physical education in schools, published in the *British Medical Journal* of November 1, is to be doubly welcomed; for it proves not only the existence of a hiatus in the educational system which obtains amongst us, but indicates that amongst those best qualified to recognize that lack there is now aroused an interest so deep and widespread as to afford good hope of its being made good ultimately. While many people have hitherto been content to forget that education can really be only the "bringing out" of the latent power and the proper guiding of the innate tendencies of the individual, still more have overlooked the fact that this nursing and training process is not merely applicable to, but actually necessary for, body as well as mind. Savagedom compels the one; civilization implies the other; but, as a broad rule, either tends to exclude the other in these two opposite conditions. Each chapter of the world's story is a repetition of the fact that, after a nation has emerged from barbarism, there comes a stage in its history in which the physical perfection essential to the successful savage dwindles in proportion to the attainment of more intellectual culture by the individual. In the age-long race between the nations, stamina must tell no less than

speed; and the intellectual spurt must fail if the general staying power of the race is progressively diluted by those less vigorous individuals whom a one-sided system of education unfits for protracted struggle, while the amenities of a modern civilization protect them from extinction.

The safeguard against this danger clearly lies in the systematic carrying out of the physical side of true education, begun in the earliest years of life, and applied in appropriate fashion to both sexes. It may be easier to begin at the top, and the examples set by the larger and the older schools undoubtedly influence the rest; but permanent success can only be attained by working from the foundation upwards; by making due care of the body such a habit of the child that respect for the body and a just pride in the exercise of its full powers shall be ingrained in the moral nature of every man and woman. A full realization of these facts will supply the modern *paterfamilias* with a satisfactory answer to more than one aspect of his recurrent question, "What to do with our boys"—and girls?—Editorial, *Brit. Med. Journ.*

ENCOURAGE HOME SCIENCE.

When we read of the encouragement Koch is receiving from the German government, of the clinical material, laboratory facilities, and funds placed in profusion at his disposal, we are constrained to admit that there are elements of value in the paternal style of government. Nobody grudges the little bit of taxes that goes to such a purpose. But here, where everything is left to individual exertion, too often it is seen that what is everybody's business is assumed by nobody. The importance to humanity of such investigation as Dixon's cannot be overestimated. Not all the wars, nor all the pestilences, "since first the leaky ark reposed in the mud," have destroyed a tithe of the lives that have fallen victims to the tubercle bacillus. Not a home exists but has put on mourning for some loved one dying from consumption. Yet not an effort is made to put our own countrymen on an equality with the European investigators, as regards facilities for this work.—*Times and Register.*

OLIVER WENDELL HOLMES "DE SENECTUTE."

The present age is remarkable, among other things, for the physical and intellectual vitality of its old men. It is not only that—thanks to the advance of medicine, preventive and curative—we have more old men amongst us than formerly, but that, so far from lagging superfluous on the stage of life, the veterans continue to play most of the principal parts with all the ardor, and sometimes more than the versatility, of youth. In all departments of modern life—in politics, in the Church, in the army, in science, and in literature, we see men whose years are far beyond the psalmist's limit predominant not only in influence and reputation, but in the amount and quality of their actual work. Among the octogenarians on whose mental brow time writes no wrinkles, none is more interesting to medical men than the genial "Autocrat" of so many hearts both in England and America, whom, in spite of the poet's days which he wears so gracefully, we are proud to claim as a professional brother. Oliver Wendell Holmes, who celebrated his 81st birthday on August 29, is still one of the most vivacious of men; age cannot wither the freshness of his interest in life, nor deaden the cheerful sparkle of his style. Even of "crabbed age" and the inevitable sorrows and bereavements which it brings with it he writes with an easy wit, quite untinged with cynicism, which *circum præcordia ludit* and brightens the dismal subject so as to make it amusing even to his fellow-sufferers. From the purely medical point of view his account of his mode of life is instructive as well as interesting. For a long time back, he says, he has taken extreme care of himself. Never robust, he was still wiry in his earlier and maturer life; but since he reached the age of 80 his hygienic vigilance is unceasing. The rooms which he daily occupies are equipped with barometers, thermometers, aërometers—with every kind of instrument, in short, to prevent his incurring the slightest risk of taking cold. As pneumonia is the deadliest foe of old age, he does his utmost to keep it at a distance. He never gets up during winter until he knows the exact temperature, or takes his bath without having the water accurately tested. He lives by rule, and the rule is inflexible. His time is scrupulously divided—so much allotted to reading, so much to writing, so much to exercise, so much to recreation. His meals are studies of prudence and digestion. He understands the specific qualities of all ordinary foods, and never departs from the severest discretion in eating. To this strict hygienic discipline Dr. Holmes attributes his good health and the retention of his mental vigor.—*Brit. Med. Journal.*

A BACTERIOLOGICAL INSTITUTE AT ST. PETERSBURG.

By the munificence of Prince Alexander Petrovitch of Oldenburg, the Russian capital will soon have a well-appointed institution for the study of bacteriology. The institution, which is to be on a magnificent scale, will comprise operating and lecture rooms, private rooms for the professors, large laboratories, fitted with every requisite for research and supplied with abundant material, special rooms for microscopic work, etc. The building will be lighted throughout by electricity. The material, as well as the intellectual, needs of the workers, are to be provided for by refreshment rooms, buffets, and even bedrooms. The total cost of the institution is estimated at 1,650,000 francs ($330,000).

CONTAGIOUS TUBERCULOSIS.

Dr. Ollivier has recently reported a case of contagious tuberculosis. A family of seven occupied a house at Neuilly. In two years five out of the seven were attacked with tuberculosis; two are dead and three are seriously ill. The house had formerly been occupied by a family suffering from tuberculosis; in 1887 a child died in it from that disease. It is supposed that this case, which was the first, is the origin of the contamination. Dr. Ollivier concludes that it is dangerous to inhabit a house which has been previously inhabited by tuberculous patients, unless it be thoroughly disinfected. The paper should be stripped off, and the walls whitened with lime; the wainscotting and floor should be scraped and washed with a 1 in 1,000 solution of corrosive sublimate. —*Medical Record.*

# PRACTICAL NOTES.

### TREATMENT OF THE ALGID STAGE OF CHOLERA.

In the Fiume Hospital the method by which the algid stage of cholera was treated during the last epidemic was by giving gum ammoniac internally, together with stimulants, and injecting sulphuric ether hypodermically. According to Dr. Ritter von Giacich, the director of the hospital, this plan, which was always adopted, proved most successful, a great improvement taking place in 50 per cent. of the cases in a couple of hours' time. This made itself manifest, not only by a rise of temperature and a stronger pulse, but also by the expression of the face becoming less pinched and anxious, after which the patient made good progress towards convalescence. Warm baths were often administered with advantage. Where three hours elapsed after the treatment above mentioned without manifest improvement, the case always proved fatal.—*Lancet.*

---

For a child, 8 years old, suffering from debility after an attack of acute Bright's disease, Hollopeter prescribed the following:

℞. Tr. Ferri chlor., f℥j.
Acidi acetici, f℥ij.
Strychniæ sulph., gr. ⅓.
Liq. ammon. acet., f℥iss.
Syr. tolutani, q. s. ad. f℥iij.
℔. Sig. ℥j every four hours.

---

### CHLOROFORM IN CONVULSIONS.

Inhalations of chloroform are invaluable in arresting convulsions in children of 2 years or under. Give them a whiff of it while in the convulsion. The paroxysm having been broken, the following should be given to prevent recurrence:

℞. Sodii bromidi, ℥j.
Chloral hydrat., ℥ss.
Aq. menthæ pip.,
Syr. tolutani, āā f℥iv.
℔. Sig. f℥ss; one every half hour until child is quieted down.

—*Times and Register.*

---

### SULPHONAL IN DIABETES.

Dr. Casarelli, of Pisa, mentions the favorable action of sulphonal in diabetes. This drug diminishes the quantity of sugar in the urine, also reducing the polyuria and the thirst. These results were obtained by doses of from 5 to 30 grs. per diem, but not to so marked a degree as with doses of 45 grs. continued for several days. The 30-gr. doses could be administered for some time without any ill effects; but although the 40-gr. doses at first caused no disturbance, it was found that, when they were continued for any lengthened period, they caused giddiness and excessive sleepiness, which disappeared when the drug was discontinued. Sulphonal was used with good results in conjunction with both a mixed diet and a strictly meat diet; in the latter case a large quantity of sugar appeared in the urine as soon as the sulphonal was stopped. In the only case in which antipyrin had been previously used it was found to exert less influence than sulphonal.

---

In a severe case of acne associated with rosacea Shoemaker advised and prescribed as follows: Wash the face in hot water, as hot as can be borne. Drink a cupful of hot water upon retiring and upon rising. Have the pustules punctured by a physician; the incision thus produced will not cicatrize, whereas, if they are squeezed, they heal with a scar. Take internally:

℞. Liq. potassii arsenitis,
Tr. nucis vomicæ, āā gtt. lxxij.
Aloini, gtt. ij.
Aq. menthæ pip., q. s. f℥iij.
℔. Sig. f℥j ter in die.

Apply externally:

℞. Acidi borici, ℈j.
Lanolini, ℥ij.
Ol eucalyptol, gtt. v.
Ung. zinci oxidi, ℥j.
Bismuthi subnit., ℥j.
℔. Sig. Ft. unguentum.

—*Times and Register.*

---

Dr. Hare gives for acute stage of bronchitis in children:

℞. Tr. aconiti, gtt. xij.
Syr. ipecac, f℥ss–j.
Liq. potassii citratis, q. s. ad. f℥iij.
M. and S. One teaspoonful every three hours.

For the later stages:

℞. Ammonii chloridi, ℥j.
Ext. glycyrrhizæ fl., f℥iv.
Aquæ dest., q. s. ad. f℥iij.
℔. and S. One teaspoonful three times a day.

---

### FOR PAINFUL SKIN DISEASES.

℞— Salolis, gr. x.
Plumbi carbonat, ℥ss.
Ung. mentholis, ℥ss. ℔

Menthol ointment contains five to fifteen grains of menthol to the ounce.—Shoemaker, *Times and Register.*

---

### A FORMULA FOR INSECT BITES.

One of the very best applications for the bites of mosquitoes and fleas, also for other eruptions attended with intense itchings, is: Menthol in alcohol, one part to ten. This is very cooling and immediately effectual. It is also an excellent lotion for application to the forehead and temples in headache, often at once subduing the same.

# SOCIETY PROCEEDINGS.

## Southern Surgical and Gynecological Association.

*Third Annual Meeting, held in Atlanta, Ga., November 11, 12 and 13, 1890.*

(*Concluded from page 806.*)

SECOND DAY—AFTERNOON SESSION.

DR. W. O. ROBERTS, of Louisville, read a paper on

### REMOVAL OF STONE FROM FEMALE BLADDER THROUGH THE URETHRA, WITH CASES.

This paper was devoted simply to his individual experience in the extraction through the urethra of stone from the bladder of the female. The cases thus treated were six in number; the ages of the patients ranged from 15 to 56 years. Four were married, but only two had borne children. The stones were phosphatic in four cases, uric acid in one, and an incrusted fringed body in another. In one, a very hysterical patient, the stone had for its nucleus a piece of soft wood. In one the patient had a vesico-vaginal fistula which had been closed by an operation some months prior to the occurrence of the symptoms of stone. In another the bladder had been opened by a surgeon in doing an ovariotomy upon the patient a year before the stone was discovered.

In four of the cases the stones were single, in one there were two, and in one nine. In this case the patient had passed at various times a number of small stones, from two to seven at a given micturition. These stones varied in size from that of a grain of wheat to a grain of coffee. In two years she had collected 184 stones, a number not representing all she had passed.

The extraction was done in every case under chloroform, the patient being profoundly anæsthetized. The urethral dilatation was begun with forceps, and completed by means of the fingers. The little finger being first introduced, the ring finger next, and finally the index finger. The fingers were well oiled. In Case 1 the stone was found to be almost an inch and a half in diameter. In Case 2 the stone was found in the urethra, and proved to be a piece of soft wood heavily incrusted with urinary salts. In case 3 the stone was spherical, and had a diameter of about one-half inch. In case 4 the stone was ovoid, its long diameter being an inch, the shorter three-fourths of an inch. In Case 5 there were nine stones, the smallest measuring circumambiently two and one-fourth inches; weight eighty-four grains.

DR. WILLIAM PERRIN NICOLSON, of Atlanta, Georgia, presented a paper entitled

### WET ANTISEPTIC DRESSINGS IN INJURIES OF THE HAND.

After dwelling upon the importance of the subject, both from the standpoint of the future earning capacity of the patient, and the large amount of financial compensation demanded from corporations, he stated that for seven or eight years past he had looked after the surgery of several railroads and manufacturing establishments, and in that time had been called upon to treat more than three hundred hand injuries, representing all grades of injury from slight contusion to complete destruction of the larger part of the hand. The especial point that was urged in the paper was the doctrine formulated by Verneuil—*never to use a scalpel in a hand injury.* The old teaching, that when a finger was crushed you should go far enough behind the injury to secure a sound flap and amputate, was pernicious in the extreme, and had cost thousands of fingers that would have been restored to usefulness. Only such parts as were actually destroyed and pulpified should be removed, and all the tissues to come away could be amputated with the scissors. Projecting pieces of bone could be removed with pliers until reduced to the level of the fleshy parts. In compound fractures the parts should be coaptated as well as possible, and the line of separation be determined by nature, and under strict antiseptic dressings. Such a slough was harmless. Another point to which attention was forcibly called was the utilization of blood clot in filling up ragged injuries, and by its substitution the restoration of lost parts. When a finger was crushed off, the end should be trimmed with scissors, and the clot utilized in building up a tissue over the bone. In reference to dressings, Dr. Nicolson said that he had tried almost all varieties, and had finally obtained the most satisfactory results from keeping the parts constantly bathed in a non-poisonous antiseptic solution.

In dealing with these wounds they were first cleansed as well as possible, and then bathed in sublimate solution. Over all wounds a piece of aseptic rubber tissue or oiled silk was placed, then iodoform and sublimate gauze, and finally over all a covering of rubber tissue, into which at some convenient point a small opening was made. The patient was then given a bottle of antiseptic solution, to be carried in his pocket if moving about, and instructed to pour at frequent intervals enough into this opening to saturate the dressings. He uses almost exclusively listerine, combined with a small amount of carbolic acid, in the proportion of half an ounce of the former and half a drachm of the latter, in a six ounce mixture. If there was much pain, a small amount of aqueous extract of opium was added. These dressings were not disturbed until the third day, when they were removed under antisepsis, to preserve the integrity of the blood clot.

Wet dressing was substituted at the end of about a week by the ordinary antiseptic dressings, kept moist by external covering of rubber tissue. Should sloughing occur, it is kept wet for a longer time by the antiseptic. Under this treatment pain was reduced to the minimum. Suppuration never occurred, and the separation of sloughs was facilitated by the warm moisture.

Dr. T. J. Wilson, of Sherman, Tex., read a paper on

### Uterine Moles and their Treatment.

In the few cases that have come under his observation, they have been more troublesome and elicited more anxiety than most writers indicate they should, and the hæmorrhage in some of the cases was alarming. Then, too, there were some points noticed in his cases which he had failed to find described in text-books.

All authorities seem agreed upon the etiological and pathological view generally taken of it, that it is a blighted or altered conception; the ovum having perished, its covering or the placenta, if formed when this change takes place, becomes attached to and continues to receive nourishment through the uterine walls, and remains or becomes an organized product until it is thrown off; and this condition is attributed by some to the vitality retained in the villi of the chorion.

He had never met with a case that was lying loose in the uterus, but all were more or less adherent to its walls, and most of them to the posterior wall. They had to be taken away piecemeal, and the surface well curetted, washed out, and carbolic acid or Churchill's iodine applied to the surface. They all require after-treatment, because all except one case of hydatiform mole had endometritis and endocervicitis, two had severe cervical lacerations and erosions. Most of them had a greater flow than usual at the subsequent menstrual periods until the inflammatory condition was relieved. In two cases the general health, while not robust, was fairly good; the others more or less delicate, none of them in perfect health. None had any history of a cancerous cachexia nor of syphilitic taint; one was tuberculous. His experience had taught him to believe that if these cases do not receive treatment at a proper time there are two great dangers to be apprehended, viz.: hæmorrhage, which, if not an immediate cause of death, is capable of leading indirectly to that end—and septic poisoning.

In the treatment, if the cervix is sufficiently dilated and hæmorrhage troublesome, the mass should be promptly removed. If this cannot be done, a hot antiseptic douche should be given, followed by a careful and efficient tampon, with the internal administration of ergot and anodynes if required, directing quiet, rest and simple diet. In from twelve to fifteen hours the tampon should be removed and the foreign body extracted as completely as practicable; this will require a good stout pair of forceps. He had used the ordinary dressing forceps and placental forceps, for the purpose. An excellent instrument in some cases is Emmet's curette forceps. The surface should be well curetted with a wire curette, the uterus thoroughly washed out with a hot solution of bichloride of mercury, and Squibb's crude carbolic acid or Churchill's tincture of iodine well applied to the surface. If much bleeding ensues—and this is not usual—the application of persulphate or perchloride of iron gives good results. The patient is put to bed and kept there as long as the indication in each special case may require. She is put upon a tonic treatment, and hot vaginal antiseptic washes. In from three to five days the uterus may need curetting again and another intra-uterine douche; then the application of iodine about twice a week, alternated occasionally, perhaps, with carbolic acid as long as may seem necessary, and the cure, if possible, completed of any uterine disease that may exist. The patient's general health is carefully looked after and her mind tranquilized.

## Third Day—Morning Session.

Dr. G. Frank Lydston, of Chicago, read a very elaborate and lengthy paper entitled

### A Review of the Treatment of Varicocele, with Cases.

He said, in discussing the merits of various operative procedures, it was unnecessary to take them up in detail. The *raison d'etre* of many specially devised and named operations is apparent only to the operator. For practical purposes the various methods may be divided into, 1, acupressure; 2, subcutaneous deligation; 3, open deligation; 4, deligation with resection of veins; 5, deligation with resection of scrotum; 6, resection of the scrotum.

The employment of acupressure, to Dr. Lydston's mind, was an evidence of a lack of faith in modern antisepsis. It reminded him of the Dutchman's method of cutting off his dog's tail an inch at a time so that it would not hurt him so much. Gradual obliteration of veins has all the dangers of immediate deligation in a marked degree, and had none of its advantages. The term acupressure covered practically all methods of gradual obliteration of the veins of which Davat's operation is an illustration. Subcutaneous deligation is not essentially dangerous in skilful hands. Simple as the operation appears, however, accidents have occurred. The operation is done in the dark and more tissue is included in the ligature than is necessary. Strangulation of tissue is not conducive of safety. Scrotal hæmatocele, phlebitis, septic infection, thrombosis and embolism are possible. The vas deferens has been included in the ligature. He does not

condemn the subcutaneous operation in suitable cases, and in skilful hands, but he believes there are better and safer methods on the average. There is little choice between deligation without disturbance of the veins and deligation with resection of the veins, excepting the remotely greater danger of sepsis in the latter. Gould's method of division by cautery he believes to be the most dangerous operation yet devised. The dangers of the open method are in a less degree those of the subcutaneous deligation. If open deligation be determined upon, the operation should be done as high up as possible in the straight portion of the veins, and a single ligature applied to the vein. Deligation with resection of the scrotum he considers to be the ideal operation, in the majority of cases requiring surgical interference. His plan is as follows: An incision is made parallel with the spermatic cord, just below the external ring. This incision should be about one inch in length. The cord is hooked out with an aneurism needle, the vein separated and tied, the ligature is cut through and the cord dropped. Sutures and antiseptic dressings complete the operation. The scrotum is now amputated by the improved Henry operation. Dr. Lydston uses decalcified bone drainage tube, and juniperized silk ligatures and sutures. Resection of the scrotum he considers the simplest and safest operation for varicoceles of moderate size. In the more marked forms the affection invariably recurs to a greater or less extent. He does not, therefore, consider the so-called Henry operation a radical cure in the true sense of the word. The author reported a large number of cases operated upon by various methods with results, and, as far as could be learned, the subsequent history of the patient. The author had noticed hydrocele as a result of subcutaneous deligation in two cases, one operated upon by himself, and the other by another surgeon. The doctor reported one very interesting case in which the scrotum was continually bathed in bloody perspiration, and in which the seminal ejaculations were heavily tinged with blood.

DR. WILLIS F. WESTMORELAND, of Atlanta, presented a paper on *Morbid Reflex Neuroses.*

DR. GEO. A. BAXTER, of Chattanooga, read a paper on

SILICATE OF SODA; SOME NEW METHODS OF USE IN SURGERY,

in which he said the jacket of baked silicate of soda which he would present to the Association possessed all the qualities to be found in the plaster, firmness and support, and weighs actually one pound and six ounces. It is neater in appearance and finish, can be perforated like leather for ventilation, which plaster cannot. It is even lighter than leather without its costly process of construction, and has the same advantage over the woven wire jacket with the additional advantage over both these latter and all others of this class, that it can be constructed by any surgeon at any time or in any place. Dr. Baxter suspends his patient and puts roughly a plaster jacket around her and cuts this as soon as it has hardened enough to retain its shape, hereby lessening materially the time of suspension, the most trying ordeal with this or the plaster, and not without its dangers when long continued,—bind the cut edges together where it has been cut down directly in front with cords, and then place a core of paper in the center. This paper core is used for two reasons: 1, to heighten the cast and take as little plaster as possible, and 2, to dry it the more readily by heating the inside. This done, the plaster is poured around the core and inside the cast, which gives him a mould of the body in extension and counter-extension, exact in every respect. Around this is made the silicate jacket after the manner of the plaster roller bandage, weaving one-half inch metal strips in the meshes of the bandage at a distance of four inches apart around the whole cast, an inside lining of a knit shirt having been first placed over the cast. The whole is then placed over a coal oil stove and allowed to dry out, which it does in from one-half to two hours less, especially if the cast has been previously dried. This process of heating not only dries the silicate, but bakes it well, and renders it impervious to the action of water or the perspiration, and gives it sufficient strength to allow of it being perforated for ventilation. It is now cut from the mould with a straight incision down the center, two pieces of leather, to which button, hooks or eyelets have been previously attached, sewed up and down the front on each side, then the whole can be laced up solid or loosened and taken off at will. The necessity of taking off a jacket or leaving it on during the whole course of treatment will, of course, depend upon the character of the disease and of the injury under treatment.

DR. EDWIN RICKETTS, of Cincinnati, Ohio, contributed a paper entitled

SURGERY OF THE GALL BLADDER,

in which he said to Langenbach was due the credit of totally extirpating the gall bladder, and to J. Marion Sims we owed a debt of gratitude for establishing the operation of cholecystotomy.

Dr. Ricketts reported seven cases of gall stones.

*Case 1.*—Mrs. ———, aged 38, married, consulted him in 1880, for a tumor in her right side in the region of the gall bladder. Said she had passed by the bowel, following a severe attack of hepatic colic, a number of gall stones. She was emaciated and suffered from what she claimed was neuralgia of the stomach. She was slightly jaundiced and bowels constipated. Upon examination of the abdomen the tumor was well marked

and nodulated, above which was the liver surface smooth. He made the diagnosis of gall stone, and urged an operation. The patient's physician, however, urged the expectant plan of treatment which was accepted by the patient. She then went to the country and in less than three months had an attack of hepatic colic, followed by peritonitis, dying inside of three days.

*Case 3.*—Ellen ———, colored, age 50, consulted him for a markedly distended gall bladder which made its appearance after a hard day's work over the washtub. She had been sick for ten days with fever, temperature reaching 103°, rapid pulse, clayish stools, with occasional attacks of hepatic colic, though not severe. He opened the gall bladder, turning out one pint of fluid which consisted of bile, mucus and pus, stitching the gall bladder up against the peritoneum. After three days catarrhal plugs were washed out of the common duct through the abdominal incision in which had been deposited a glass drainage tube. The fistulous tract is still open, discharging periodically, but with no bad results to the patient.

In *Case 4*, a diagnosis of cancer of the liver was made by the attending physician. The gall bladder was opened and the stone turned out weighed 128 grains, and the common duct was filled with catarrhal deposits.

*Case 5.*—After incising the gall bladder there escaped first about one drachm of pus, after which Dr. Ricketts turned out 23 stones: A diagnosis of cancer of the liver in this case was made by the attending physicians.

Dr. Hunter P. Cooper, of Atlanta, Georgia, reported a case of *Fracture of the Femur due to Fragility.*

Dr. Geo. H. Noble, of Atlanta, followed with an illustrative paper on *Procedentia Uteri.*

### Third Day—Afternoon Session.

Dr. W. Hampton Caldwell, of Lexington, Ky., read a paper on

### rectal medication,

in which he said that several years ago he was convinced of the utility and safety of rectal administration of medicine, and had ever since regarded it as a most important plan of treatment. Since we accept the theory of the local origin or manifestation of the majority of diseases, this idea of rectal administration of medicines was more readily accepted as scientific in its applications than at any time heretofore. The rectal suppository consisting of cocoa butter, incorporated with the various therapeutical agents, affords the most efficient and pleasant mode of administration in our possession. Rectal suppositories satisfy all requirements as a local or constitutional remedy. They are neat, convenient, and in almost every instance preferred by the patient to the administration of the same drug by mouth. In the administration of the anodynes it is certainly a superior method of administration of all others, as the sensitive stomach is no longer a barrier or excuse in the administration of even the most disagreeable medical agents, for we well know in many instances that this organ is either tolerant to opiates, or the patient has an invincible objection to taking them, the impossibilities of the rectal administration being thrown up is one great advantage over all other methods of administration. The effects of rectal medication embrace a wide range of actions, including anodyne, antiseptic, alterant and astringent. In severe pain they certainly afford the best and safest source by which our patient's suffering can be relieved, as the action upon the rectal surface of a diffusible anodyne is quite rapid and produces an effect about as soon as when administered by the stomach. In all inflammatory or painful affections of the abdominal or pelvic organs, this plan of administration has succeeded better than all others with the author.

Dr. Thad. A. Reamy, of Cincinnati, Ohio, reported a case in which he removed a stone weighing 365 grains, by vaginal cystotomy, from the bladder of a child six years of age, with injury of the ureter. Operations done for closing the bladder were difficult, but ultimately successful. He exhibited the stone and made some comments on the case.

He felt after the stone was removed, that it would have been better to have made supra-pubic cystotomy. Had he known the size of the stone, he would have probably done that operation. But in view of the fact that it was partly encysted, that the bladder walls were much inflamed and thickened, also the fact that in the child the parietal peritoneum dips much lower down in front of the bladder than in the adult, it became a serious question whether this course would have been better than the one pursued.

It was not clear whether the ureter was damaged in the removal of the stone, or was exposed by the sloughing which occurred much later on. He was inclined to favor the former view, and that the discharge of urine into the tissues of the bladder wall, in the line of suture, was to no small degree responsible for some of the failures in closing the bladder. However, until the last operation the most critical examination failed to discover the ureter.

Though Parvin, Campbell, and others have turned an exposed ureter into the bladder the speaker was not aware that it had heretofore been done in a subject so young. The vagina being so small, rendered the manipulation difficult in the extreme.

Dr. James A. Goggans, of Alexandria City, Alabama, read a paper on

THE SURGICAL TREATMENT OF EMPYEMA.

He said during the last eighteen months he had treated six cases of empyema which developed in the wake of pneumonia, all of which have made perfect recoveries. These patients varied in age from 3 to 35 years.

Surgical treatment was the one which has been the most successfully employed. Spontaneous cures, he said, were rare—so rare that surgical interference was the rule. There were many methods of operating for the removal of pus from the pleural cavity, but they may be classified under two general headings: 1, The closed method, which consists in removing the pus by simple puncture with some kind of trocar or modern aspirator and allowing the puncture to heal at once. 2, The open method which consists in making an incision more or less free with the introduction of some kind of drainage tubes to maintain the perfect evacuation of the fluid, and admit of medicated washings, and to promote free ingress and egress of air that has been passed through an antiseptic dressing. The surgical treatment then being an absolute necessity, we cannot overestimate the importance of making the diagnosis certain by resorting to exploratory puncture with a hypodermic syringe. We can assure the patient and friends that no evil results can come from this procedure, and that the prognosis positively depends upon this means of settling the diagnosis.

OFFICERS FOR 1891:

*President.*—Dr. L. S. McMurtry, Louisville, Ky.

*First Vice-President.*—Dr. J. McF. Gaston, Atlanta, Ga.

*Second Vice-President.*—Dr. J. T. Wilson, Sherman, Tex.

*Secretary.*—Dr. W. E. B. Davis, Birmingham, Ala.

*Treasurer.*—Dr. Hardin P. Cochrane, Birmingham, Ala.

Place of meeting, Richmond, Virginia, second Tuesday in November, 1891.

## NEW INSTRUMENTS.

### VON KLEIN'S INTUBATION THIMBLE.

BY CARL H. VON KLEIN, M.D.,
OF DAYTON, O.

Among the most treacherous looking instruments in intubation of the larynx is the gag, and those who have performed the operation frequently know that there is nothing so shocking to the parent's feeling as when the gag is applied and slips, which in nine cases out of ten will produce bleeding of the gums, and when blood is seen they will beg, "Doctor, don't torture it, let it die;" while in reality they are not hurt, but a slight bruising of the gums. However, I have had cases where the teeth broke out, and especially when the aveolar process of the maxillæ was very light the teeth turned out. I have of late

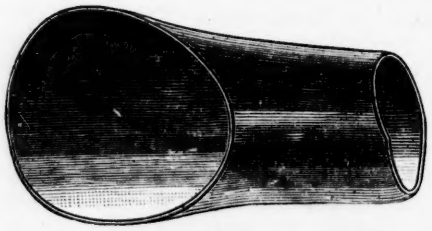

FIGURE 1.

become so disgusted with the gag, that I have intubated without, and have taken the chances of being bit. In one case I was badly bitten. I have now devised a thimble as shown in Fig. 1. Which is placed on the left index finger with which the glottis is elevated; hence, I perform with the finger two functions: the thimble on the first joint from the metacarpus as a gag, and with the two other joints to elevate the glottis as shown in Fig 2.

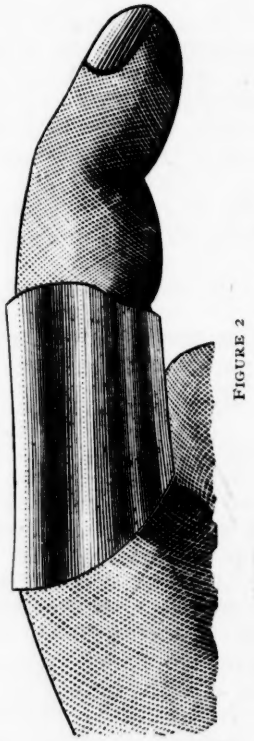

FIGURE 2

The thimble is made of coin silver and heavy enough to prevent bending it together with the teeth.

When the intubation is performed I pull the finger out and leave the thimble between the teeth, which the patient soon lets fall. The instrument will be known by surgical instrument dealers as "von Klein's Intubation Thimble."

## BOOK REVIEWS.

ASTHMA CONSIDERED SPECIALLY IN RELATION TO NASAL DISEASES. By E. SCHMIEGELOW, M.D., of Copenhagen. London: H. K. Lewis, 1890. Pp. 90.

The author states this essay to be an attempt to show how far diseases of the nasal cavities may affect asthmatic attacks and to modify the opinion that asthma is the result of a local nasal disease, the care of which would *eo ipso* cause the disappearance of the reflex neurosis as held by Prof. Hack, of Freiberg. He takes, with Germain-Sée, the position that asthma must be considered as a bulbar neurosis consisting in an excessive reflex irritability of the respiratory centre, which may be disturbed in its action by any competent peripheral irritation, and that nasal diseases sometimes, but not necessarily, constitute such an inciting factor in the asthmatic attack. In his own material he has noted asthma associated with nasal polypæ in 22 per cent. of his cases, and with chronic rhinitis in 8 per cent. The entire subject receives painstaking and fair-minded treatment which, in the present professional attitude toward reflex neuroses, is most commendable. The Continental bibliography and the historical matters relating to asthma are interestingly set forth in the introduction. It is a comprehensive and valuable addition to the literature of the disease.

THE THROAT AND NOSE, AND THEIR DISEASES. With one hundred and twenty illustrations in color, and two hundred and thirty-five engravings. Designed and executed by the author. By LENNOX BROWNE, F.R.C.S.E., Senior Surgeon to the Central London Throat and Ear Hospital; Surgeon, and Aural Surgeon to the Royal Society of Musicians; Consulting Surgeon to the Newcastle Throat and Ear Hospital, etc. Third Edition, Revised and Enlarged. Philadelphia: Lea Brothers & Co. 1890. Chicago: A. C. McClurg & Co. Royal Octavo, pp. 716. Price $6.50.

The early exhaustion of the second edition of this very valuable work has enabled the author not only to thoroughly revise, but to greatly enlarge the text, so that the present edition is in a very considerable measure an original work. Especially is this true of that portion which treats of intra-nasal and naso-pharyngeal diseases. The science of laryngology and rhinology is making such unparalleled progress that only the most recent records properly represent its advancement.

The present addition is of special value, as affording the latest investigations and literature upon this important subject. The anatomy of the parts considered is fully given and admirably illustrated. The methods for the inspection of the mouth, fauces and larynx are fully described, both by text and illustration. All of the various forms of diseases of these parts are considered, with reference to their etiology, pathology, and treatment. Forty-five pages are given to a critical study of diphtheria and the directions for its treatment. Syphilitic diseases of these organs are fully considered. Tubercular affections, benign and malignant neoplasms, and neuroses, are critically described, and associate aural maladies, as well. The uses of gargles, sprays, and local appliances, and the various forms of needed apparatus for every variety of treatment are presented and copiously illustrated. The various surgical procedures necessary to the treatment of these organs are fully described, including tracheotomy, laryngotomy, intubation, etc. As a practical work on the treatment of diseases this will be found an exceedingly valuable volume. The methods are fully set forth in the text, and references are made to a very complete and valuable list of formulæ. The engravings are upon wood, and all reproductions from the author's pen-and-ink drawings, by the photo-engraving process. Fifteen colored lithographic plates containing one hundred and twenty illustrations give an added value to the volume.

While this work will be of essential service to the specialist it is one that should find a place in the library of every practicing physician. It serves admirably to illustrate the progress that is being made in medical literature, and especially in the departments which are considered.

The mechanical execution of the work is a credit to the publishers, so long and so favorably known to the profession.

MEDICAL DIAGNOSIS. With special reference to Practical Medicine. A Guide to the Knowledge and Discrimination of Diseases. By J. M. DA COSTA, M.D., LL.D., Professor of Practice of Medicine and of Clinical Medicine at the Jefferson Medical College, Philadelphia; Physician to the Pennsylvania Hospital; Consulting Physician to the Children's Hospital, etc. Illustrated with Engravings on Wood. Seventh Edition, Revised. Philadelphia: J. B. Lippincott Co. London: Henrietta St., Covent Garden. 1890. Price $6.

A writer so long and so favorably known as is Dr. Da Costa needs no introduction to medical readers at home or abroad. Six editions of his

work upon Diagnosis have been given to the public, and a copy is found upon the shelf of every considerable medical library. The value of his writings is well appreciated in other lands. A second German edition has just appeared in Berlin, a Russian translation has been made, and one in French is forthcoming. The inquiry is no more made, "Who reads an American book?" Aside from the ability of the writer the importance of his subject must command appreciation of the work and a liberal patronage everywhere. The power to discriminate diseases lies at the very foundation of all successful medical practice. The need of such a guide is imperative and universal. The author has fully appreciated that want, and in his successive editions it has been met in an admirable manner. The present edition has undergone that thorough revision which renders it abreast of the times. The agency of microörganisms in the production of disease is well considered. With this revision it continues to be, as it has been in times past, the standard work upon medical diagnosis.

SAUNDERS' POCKET MEDICAL LEXICON.

This dainty little volume, prepared by John M. Keating, M.D., of Philadelphia, and published by W. B. Saunders, 913 Walnut St., in that city, will be found to be a very serviceable pocket companion for practitioners, and especially for students in the class-room when larger works of the same kind are not easily accessible. It seems to be remarkably accurate in terminology, accentuation and definition. A full-faced type renders the reference to words as easy as in the larger works. Students will find the little volume very serviceable. A brief list of poisons and their antidotes is found at the close of the book.

DESCRIPTION OF THE JOHNS HOPKINS HOSPITAL. By JOHN S. BILLINGS, M.D. Baltimore: Publications of the Johns Hopkins Hospital. 4to, Illustrated. 1890.

This is a rare specimen of book-making on a rare subject and occasion. It is equally a monument to Johns Hopkins, to John S. Billings and to scientific medicine. While we believe that there are many grave errors in these plans which would not be made again, the care and attention to the facilities for teaching, marks an era in the history of American medicine. Doubtless many municipal hospitals will be modeled after this typical institution, for in buildings as in living organisms morphology determines and is determined by function.

Two sentences may be quoted from Dr. Billings' address at the opening of the hospital. If these words could be appreciated by sentimentalists it would do more for hospital management in the United States than all their political meddling:

> It is well known to those familiar with the subject, that the sick in a hospital where medical instruction is given, receive more constant, careful, and thoughtful attention than do those in a hospital where no such instruction is given. The clinical teacher must do his best; keen eyes will note every error in diagnosis, every failure in results of treatment. (p. 33.)

Let these words be emblazoned on the entrance of every hospital supported by public funds and by private charities, for the acute and chronic diseases of mind and body, and the shameful stories of cruelty, neglect and mismanagement will disappear.

RAILWAY SURGERY. FOR RAILWAY SURGEONS, etc. By C. B. STEMEN, A.M., M.D., LL.D. With numerous Illustrations. St. Louis: J. H. Chambers & Co. 1890. 8vo, pp. 315.

This book sets forth substantially the large practical experience of the author in this particular surgical field, and a *résumé* of numerous papers submitted in medical societies by surgeons on topics germane to the title and the text. Interesting and instructive suggestions and directions for the management of railway emergency situations and the transportation of the injured make up several chapters, but it cannot be said that any part of the work is novel, and much of it is not abreast of recent surgical methods and surgical literature. In many places evidence of hasty preparation is apparent. The style is often vague, the construction grammatically faulty and the proof-reading defective. Reported cases are so lacking in detail that their value is frequently lost, and directions for operative procedure lack essential clearness. Injuries of the brain and spinal cord are superficially treated, and the matter of spinal concussion is left practically to quotations from Erichsen and Hammond. In his preface the author states it as his "strong belief that a treatise on this special department was greatly demanded." If such a need existed, it has not been fully met by this volume.

PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY. By G. A. LIEBIG, JR., Ph.D., and GEO. H. ROHÉ, M.D. Philadelphia and London: F. A. Davis. 8vo, pp. 383. 1890.

The authors have produced an eminently useful and practical book, which can be commended to the practitioner who proposes to use electricity in the treatment of disease or for surgical work. Part I, of over 140 pages, gives a somewhat extended account of the physics of electricity which might possibly with propriety be left in large part to technical text-books. The presence of numerous algebraic formulæ gives an appearance of mathematics which to many may be more alarming than otherwise, though the subject is skilfully and plainly handled. Part II sets forth electro-physiology with many instructive and new illustrations, and electro-diagnosis is considered, somewhat briefly. The chapter on apparatus re-

calls rather prominently, by its cuts and text, the catalogues of various manufacturers. Part III takes up the applications of electricity and special electro-therapeutics in an optimistic spirit which is captivating, but may lead to some disappointment, it is feared. The list of diseases in which electricity is recommended embraces pretty much the entire nosological table of human ills. Apostoli's method is fully explained, but late experiments in regard to the germicidal quality of galvanism are not mentioned. The book is well arranged, profusely illustrated and clearly printed, with a useful appendix of tables and formulæ.

THE PHYSICIAN'S VISITING LIST. Philadelphia: Lindsay & Blakiston. 1891.

This little annual has reached its fourth year of publication. The needs and convenience of physicians have been carefully considered, and in the judgment of the publishers it most nearly meets their wants. Its tables are ample, its arrangements have given very general satisfaction. It is compact, convenient, and durable, and for these reasons it continues to be a favorite.

A TREATISE ON NEURALGIA. By E. P. HURD, M.D. The Physician's Leisure Library. Detroit: Geo. S. Davis. 12mo, pp. 153. 1890.

This little brochure gives in an interesting and practical manner a *résumé* of the most accredited views on the subject—in which the French writers, however, preponderate. In classification the author follows Vaulair and divides all neuralgias into idiopathic and symptomatic, assigning to the former group much the larger number, though intimating that advancing knowledge will curtail it. Perhaps a frank acknowledgment of inability to explain the true relations of many neuralgic pains would be more desirable than the misleading designation of "idiopathic." Treatment receives many pages and is necessarily polypharmacal. In an appendix of thirty-six pages all the more prominent drugs that are valued in the management of the various neuralgias are considered *seriatim*.

## MISCELLANY.

HEALTH IN MICHIGAN.—For the month of October, 1890, compared with the preceding month, the reports indicate that inflammation of brain, measles, scarlet fever, membranous croup, pneumonia, typhoid fever (enteric), diphtheria and inflammation of bowels increased, and that cholera infantum, cholera morbus, dysentery and whooping cough decreased in prevalence.

Compared with the preceding month the temperature was lower, the absolute humidity was less, the relative humidity was slightly more, the day ozone and the night ozone were more.

Compared with the average for the month of October in the four years 1886–1889, influenza, measles and pleuritis, were more prevalent, and whooping cough, typho-malarial fever, puerperal fever, cholera infantum, inflammation of bowels, cerebro-spinal meningitis and dysentery were less prevalent in October, 1890.

For the month of October, 1890, compared with the average of corresponding months in the four years 1886–1889, the temperature was higher, the absolute humidity and the relative humidity were more, the day ozone and the night ozone were more.

Including reports by regular observers and others, diphtheria was reported present in Michigan, in the month of October, 1890, at 55 places, scarlet fever at 79 places, typhoid fever at 96 places, and measles at 18 places.

Reports from all sources show diphtheria reported at 2 places less, scarlet fever at 25 places more, typhoid fever at 23 places more in the month of October, 1890, than in the preceding month. Measles were reported at the same number of places as in the preceding month.

---

THE NEWBERRY LIBRARY, MEDICAL DEPARTMENT.—Current periodicals taken November 1890:

*United States.*

Albany Medical Annals, Albany.
American Druggist, New York.
American Journal of Insanity, Utica.
American Journal of Medical Science, Philadelphia.
American Journal of Obstetrics, New York.
American Journal of Ophthalmology, St. Louis.
American Journal of Pharmacy, Philadelphia.
American Practitioner and News, Louisville.
Annals of Surgery, St. Louis.
Archives of Gynæcology New York.
Archives of Ophthalmology, New York.
Archives of Otology, New York.
Archives of Pediatrics, Philadelphia.
Atlanta Medical & Surgical Journal, Atlanta.
Boston Medical and Surgical Journal, Boston.
California Homœopath, San Francisco.
Cincinnati Lancet and Clinic, Cincinnati.
Daniell's Medical Journal, Austin.
Dental Advertiser, Buffalo.
Dental Register, Cincinnati.
Druggists Circular, New York.
Eclectic Medical Journal, Cincinnati.
Gaillard's Medical Journal, New York.
International Journal of Surgery, New York.
Johns Hopkins Hospital Report, Baltimore.
Journal of Comp. Medicine, Philadelphia.
Journal of Cutaneous and Genito-Urinary Dis., New York.
Journal of Nervous and Mental Diseases, New York.
Journal of Respiratory Organs, New York.
Kansas Medical Journal, Topeka.
Maryland Medical Journal, Baltimore.
Medical Advance, Detroit.
Medical Analectic and Epitome, New York.
Medical and Surgical Reporter, Philadelphia.
Medical Bulletin, Philadelphia.
Medical Brief, St. Louis.
Medical News, Philadelphia.
Medical Record, New York.
Medical World, Philadelphia.
Nashville Journal of Medicine and Surgery, Nashville.
New England Medical Monthly, Danbury.
New Orleans Medical and Surgical Journal, New Orleans.
New York Medical Journal, New York.
New York Medical Times, New York.
North American Journal of Homœopathy, New York.
Northwestern Lancet, St. Paul.
Obstetric Gazette, Cincinnati.
Pacific Medical Journal, San Francisco.
Physicians' Medical Journal, Indianapolis.
Quarterly Journal of Inebriety, Hartford, Conn.
St. Louis Courier of Medicine, St. Louis.
Satellite, Philadelphia.
Southern California Practitioner, Los Angeles.
Texas Courier Record of Medicine, Fort Dallas.
Therapeutic Gazette, Detroit.
Times and Register, Philadelphia.
Weekly Medical Review, St. Louis.

*English.*

Brain, London.
British Gynecological Journal, London.
British Journal of Dermatology, London.
British Medical Journal, London.
Dublin Journal, Dublin.
Edinburgh Medical Journal, Edinburgh.
Glasgow Medical Journal, Glasgow.
Homœopathic World, London.
Journal of Laryngology, London.
Lancet, London.
Mind, London.
Monthly Homœopathic Review, London.
Ophthalmic Review, London.
Practitioner, London.
Sanitary Journal, Glasgow.
Sanitary Record, London.

*Canada.*

Canada Health Journal, Ottawa.
Canada Lancet, Toronto.
Montreal Medical Journal, Montreal.

*Germany.*

Archiv. für Mikras. Anatomie, Bonn.

*Mexico.*

Gazeta Medica, Mexico.

*List of Gifts for the Month of October, 1890.*

E. C. Dudley, M.D.: Unbound serials representing forty different journals.

Library of Surgeon-General's Office, Washington, D.C.: Volumes ix–xi of the Index Catalogue.

Chicago Public Library: Volumes cxxxi–cxxxii New Sydenham Soc. Publications; Trans. Amer. Association of Physicians, 1890; Trans. Am. Surgical Association, 1890; Trans. Illinois State Medical Society, 1890; Trans. Pennsylvania State Medical Society, 1890; Trans. Massachusetts State Medical Society, Vol. xv, No. 1.; Am. Pædiatric Society, Baltimore, Md., Vol. i of their Transactions.

C. S. Mack, M.D., Ann Arbor, Mich.: Similia Similibus Curantus; Philosophy in Homœopathy.

## *LETTERS RECEIVED.*

Dr. B. W. Davis, Montgomery, Vt.; Dr. T. Frierson, Columbia, Tenn.; Dr. J. S. Tipton, Hillsville, Va.; Dr. L. T. Lowder, Bloomington, Ind.; Dr. W. L. Schenck, Topeka, Kan.; Dr. T. E. Murrell, Little Rock, Ark.; Dr. J. J. Miller, Wellston, Mo.; Dr. T. B. Greenley, West Point, Ky.; Dr. M. I. Powers, Oskaloosa, Ia.; Dr. G. A. Hare, Mt. Vernon, O.; Dr. J. H. Kellogg, Battle Creek, Mich.; Dr. W. M. Shankland, Lewis Station, Mo.; Dr. S. N. Nelson, Revere, Mass.; Dr. G. H. Rohé, Baltimore, Md.; Dr. C. F. Ulrich, Wheeling, W. Va.; Dr. Wm. T. Ousley, Glasgow, Ky.; Dr. G. E. Wire, Dr. W. F. Coleman, Dr. G. Frank Lydston, Dr. J. C. Hoag, Subscription News Co., Chicago; A. J. Cook, Dr. Wm. B. Atkinson, Dr. G. E. de Schweinitz, Dr. T. S. Westcott, Dr. R. J. Dunglison, Dr. L. H. Adler, A. H. Fracker, Philadelphia; N. Y. Polyclinic, Dr. T. H. Manley, Dr. F. King, Howard Challen, Scott & Bowne, W. P. Cleary, G. E. Stechert, Dr. J. A. Wyeth, Dr. M. E. Van Sleet, J. H. Bates, Dr. W. P. Robinson, R. A. Ward, F. S. Mason, Boehringer & Soehne, New York City; Dr. E. F. Brush, Mount Vernon, N. Y.; Egbert, Fidlar & Chambers, Davenport, Ia.; Columbus Medical College, Dr. Wm. D. Hamilton, Columbus, O.; Medical Department University of Georgetown, Dr. C. H. A. Kleinschmidt, Washington, D. C.; Dr. H. O. Marcy, Doliber-Goodale Co., Boston; Dr. J. T. Crow, Carrollton, Ill.; Dios Chemical Co., Dr. H. C. Dalton, Dr. L. H. Laidlee, Dr. Pinckney French, St. Louis, Mo.; Med. Dept. University of Buffalo, Buffalo, N. Y.; Dr. E. O. Bell, Uhrichsville, O.; C. A. Heaton, New Haven, Conn.; Dr. A. W. Campbell, Montreal; Dr. E. T. Christian, Wyandotte, Mich.; Dr. G. E. Hotchkiss, Barbour, Md.; Dr. O. E. Werner, Milwaukee, Wis.; Dr. G. W. Schwartz, Summer Hill, Ill.; Dr. H. McKennan, Paris, Ill.; Dr. H. B. Kurtz, Cleveland, O.; Dr. M. A. Bogie, Kansas City, Mo.; New Orleans Med. and Surg. Journal, New Orleans, La.; T. F. Goode, Buffalo Lithia Springs, Va.; Dr. E. F. Wells, Richmond, Ind.; Bennett's Newspaper Agency, Quincy, Mich.; Dr. J. K. Stephens, Fulton, Ky.; Dr. Chas. Whelan, Birmingham, Ala.; Dr. T. W. Gordon, Georgetown, O.; W. D. Kline, Dr. A. G. Sinclair, Memphis, Tenn.; Dr. W. R. Thompson, Troy, O.; Dr. C. G. Bacon, Fulton, N. Y.; Wm. Davis, Omaha, Neb.

---

***Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department, U. S. Army, from November 22, 1890, to November 28, 1890.***

Capt. Charles B. Ewing, Asst. Surgeon, in addition to his present duties, is assigned to duty as examiner of recruits at St. Louis, Mo. By direction of the Secretary of War. Par. 7, S. O. 275, A. G. O., Hdqrs. of the Army, November 24, 1890.

***Official List of Changes in the Medical Corps of the U. S. Navy for the Week Ending November 29, 1890.***

P. A. Surgeon M. H. Crawford, ordered to the receiving ship "Independence."

P. A Surgeon E. H. Marsteller, ordered to the U. S. S. "Petrel."

P. A. Surgeon Francis S. Nash, resigned from the U. S. Navy, to take effect November 23, 1891.

P. A. Surgeon F. J. B. Cordeiro, granted extension of leave for four months, with permission to leave the United States.

Medical Director Philip Lansdale (retired), granted one year's leave, with permission to leave the United States.

Adrian, Richard Alfred, commissioned an Asst. Surgeon in the U. S. Navy from November 24, 1890.

***Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine-Hospital Service, for the Week Ending November 22, 1890.***

P. A. Surgeon H. R. Carter, granted leave of absence for fifteen days. November 14, 1890.

Asst. Surgeon G. M. Guitéras, granted leave of absence for thirty days. October 29, 1890.

Asst. Surgeon S. H. Hussey, to proceed to South Atlantic Quarantine Station for temporary duty. October 28, 1890.

Asst. Surgeon H. D. Geddings, granted leave of absence for fourteen days. November 14, 1890.

Asst. Surgeon J. F. Groenevelt, to report to the Supt. of Immigration for temporary duty. October 28, 1890.

Surgeon C. S. D. Fessenden, granted leave of absence for fourteen days. November 22, 1890.

Surgeon H. W. Austin, detailed as chairman of Board of Medical Officers to convene in Washington, D. C., December 1, 1890. November 19, 1890.

Surgeon Fairfax Irwin, detailed as member of Board of Medical Officers to convene in Washington, D. C., December 1, 1890. November 19, 1890.

Asst. Surgeon J. J. Kinyoun, detailed as recorder of Board of Medical Officers to convene in Washington, D. C., December 1, 1890. November 19, 1890.

Asst. Surgeon R. M. Woodward, granted leave of absence for fourteen days. November 21, 1890.

Asst. Surgeon A. W. Condict, to proceed to Cairo, Ill., for temporary duty. November 19, 1890.

Asst. Surgeon W. G. Stimpson, to proceed to Cape Charles Quarantine for temporary duty. November 20, 1890.

PROMOTION.

P. A. Surgeon J. J. Kinyoun, commissioned as P. A. Surgeon by the President. November 21, 1890.

APPOINTMENT.

Asst. Surgeon L. E. Cofer, commissioned as Asst. Surgeon by the President. November 21, 1890.